

ACCOUNTABLE BASE BUDGET REVIEW



June 2022 Preliminary Analysis, Phase 1 of 3

OVERVIEW: HOUSE JOINT RESOLUTION 18

- Requires each appropriations subcommittee to create an accountable budget process
- Approximately 20 percent of each subcommittee's budget is to be reviewed in depth each interim
- All areas will be reviewed in depth every five years
- Each subcommittee is charged with creating a separate section of the base budget bill for the 20 percent reviewed each interim

WELCOME TO BUDGET NERD BLISS!



2019	2021	2022	2023	2024
Administration; Unemployment Insurance; Public Guardian	Behavioral Health; Opioid Misuse Prevention; Suicide Prevention; Homelessness; Housing	Long-Term Care and Community-Based Waivers; Disability; Child Welfare	Medicaid Eligibility, Operations, and Recovery Services; Workforce Operations; Aging Services	Medicaid Services; Welfare Assistance; Development Funds; Primary and Family Care
DOH - Executive Director's Operations	DHS - Substance Abuse and Mental Health and Associated Funds	DOH - Intermediate Care Facilities	DOH - Medicaid and Health Financing	DOH - Medicaid Services
DWS - Administration	DOH - Vaccine Commodities	DOH - Nursing Home	DWS - Operations and Policy	DWS - General Assistance
DWS - Unemployment Insurance	DOH - Local Health Departments	DOH - Home and Community Based Services	DHS - Office of Recovery Services	DOH - Children's Health Insurance Program
DWS - Unemployment Compensation Fund	DOH - Qualified Patient Enterprise Fund	DHS - Child and Family Services	DHS - Aging and Adult Services	DWS - Nutrition Assistance
DHS - Executive Director Operations (including Human Services Client Trust Fund)	DOH - Traumatic Brain Injury Fund & Spinal Cord and Brain Injury Rehabilitation Fund	DHS - Services for People with Disabilities (including Utah State Developmental Center)		DWS - Navajo Revitalization Fund
DHS - Office of Public Guardian	DOH - Disease Control and Prevention	DWS - Utah State Office of Rehabilitation		DWS - Uintah Basin Revitalization Fund
	DWS - Housing and Community Development	DWS - Utah Community Center for the Deaf Fund		DWS - Special Service Districts
	DWS - Office of Homeless Services	DWS - Individuals with Visual Impairment Fund		DWS - Permanent Community Impact Bonus Fund
	DWS - Qualified Emergency Food Agencies Fund	DWS - Individuals with Visual Impairment Vendor Fund		DWS - Permanent Community Impact Fund
	DWS - Olene Walker Housing Loan Fund			DWS - Community Development Capital Budget
	DWS - Intermountain Weatherization Training Fund			DOH - Rural Physicians Loan Repayment Assistance
				DOH - Primary Care Workforce Financial Assistance
		DOH - Family Health and Preparedness		
				DOH - Organ Donation Contribution Fund

DOH = Dept of Health, DHS = Dept of Human Services, DWS = Dept of Workforce Services

WHAT HAPPENED BECAUSE OF THE 2021 REVIEW?

DEPARTMENT OF HEALTH HIGHLIGHTS

1. Gave funding for the projected shortfall in FY 2022 in the Electronic Cigarette Substance and Nicotine Product Tax Restricted Account
2. Identified many areas for follow up studies: cost sharing, spending down fund balance, non-compliance tobacco retail sales to minors, changes to smoking cessation funding, outsourcing vs insourcing certain lab tests, internal audit findings, and environmental testing plans
3. Performance measure and statutory update

WHAT HAPPENED BECAUSE OF THE 2021 REVIEW?

DEPARTMENT OF HUMAN SERVICES HIGHLIGHTS

1. Recommended that future crisis services funding be appropriated to DHHS and then contracted out.
2. Directed the Department to study contractual changes to better support behaviorally complex individuals.

WHAT HAPPENED BECAUSE OF THE 2021 REVIEW?

DEPARTMENT OF WORKFORCE SERVICES HIGHLIGHTS

1. Added six new performance measures to the Office of Homeless Services line item
 - DWS will propose three new performance measures related to their forthcoming strategic plan
2. State Homeless Coordinator and OHS will present a strategic plan in October and update on HMIS
3. Reviewed pass-through funding, approaches to homelessness, and strategies for affordable housing

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE APPROACH

June

- High-level review of entire 20%
- Subcommittee recommends areas for further analysis

August

- Agencies present in detail on programs of interest

October

- Staff present further analysis
- Draft base budget for 20%

ACTIONS FOR TODAY

- Staff recommendations to accept or reject today
- Items to study further, in the August meeting
 - Staff recommendations
 - Member input
 - Selection of topics

WHAT BUDGET AREAS ARE WE REVIEWING THIS YEAR?

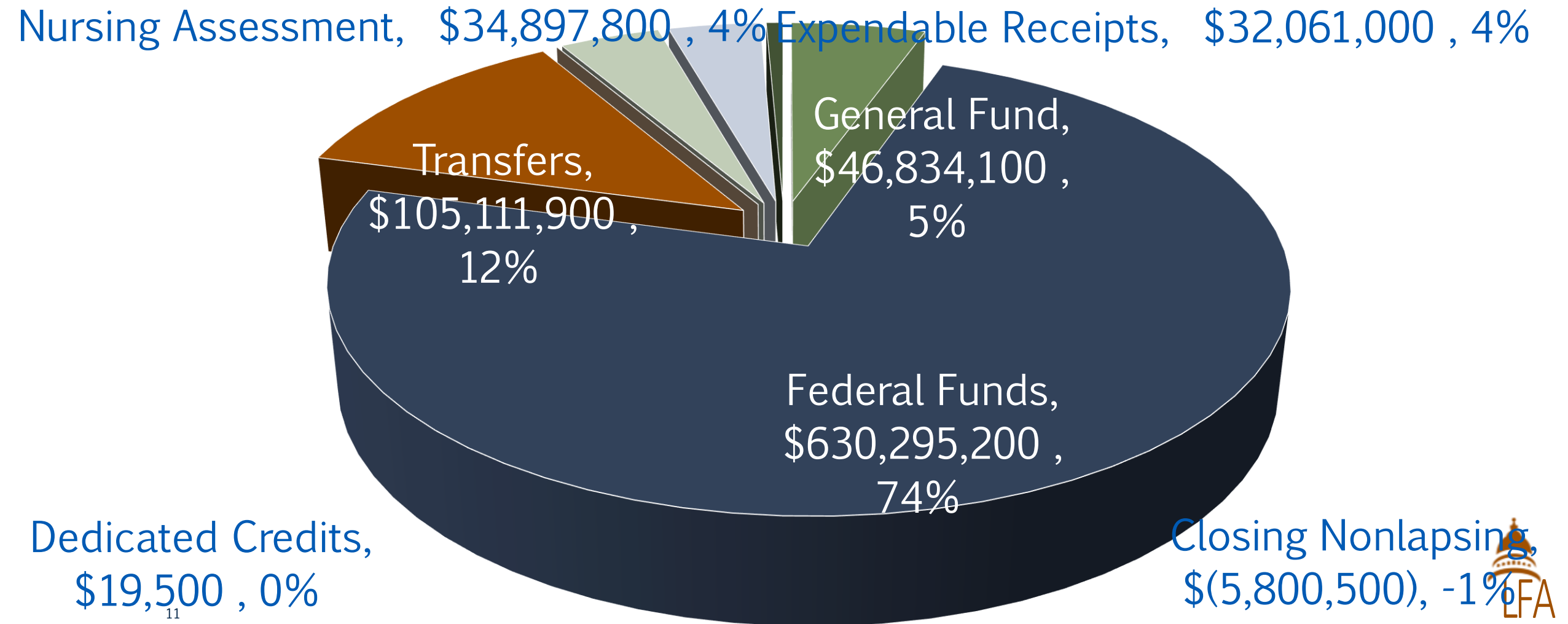
(1) Nursing Home

(2) Intermediate Care
Facilities

(3) Home and Community
Based Services

HOW MUCH MONEY ARE WE REVIEWING IN HEALTH?

\$843 MILLION OR 22% OF MEDICAID SERVICES IN FY 2021



RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH

1. The Department of Health and Human Services shall work with legislative staff to propose four new base budget line item performance measures in the funding areas being reviewed as part of the 2022 interim accountable base budget by October 1, 2022.
2. Work with the Utah Office of Inspector General to report by October 1, 2022 on if certain high risk non-medical transportation providers should be allowed to continue to function as Medicaid providers and any action taken by the agency in its review as per the recommendation of an August 2017 internal audit.
3. The Legislature intends that the Department of Health and Human Services include in its annual Provider Reimbursement Information System report to the Social Services Appropriations Subcommittee by September 30, 2023 on new checks in place for unauthorized providers and utilization in the Provider Reimbursement Information System for Medicaid system per recommendations from an internal audit.

RECOMMENDATION #1 MORE PERFORMANCE MEASURE FOR MEDICAID

- Legislative auditors had scenario with 18 line item performance measures for Medicaid (vs current 6)
- The 22% of service funding reviewed this year would be four new performance measures per audit recommendations

Source: https://olag.utah.gov/olag-doc/2021-12_RPT.pdf

RECOMMENDATIONS #2 & 3 BETTER COMMUNICATION...WHAT DID YOU SAY?

- August 2017 internal audit had some suggestions for possible recoupments and determining whether certain high risk non-medical transportation providers should be allowed to continue to be providers and better reimbursement system checks for providers and utilization
- Topic #1 This information was not shared with the Utah Office of Inspector General until follow up by staff this spring, nearly five years after the release of the audit

STAFF-SUGGESTED TOPICS FOR AUGUST MEETING (LIKELY HAVE TIME FOR TWO)

1. Specific steps that could be taken to improve the sharing of relevant findings from internal audits in the Department of Health and Human Services with the Office of Inspector General.
2. Potential options and associated costs provided under the letter to State Medicaid Directors entitled "State Flexibilities to Determine Financial Eligibility for Individuals in Need of Home and Community-Based Services".
3. Spending and results of the nursing home incentive program.
4. Trends in survey deficiencies in Medicaid nursing homes and any suggested interventions to lower the number of deficiencies.

TOPIC #2 MORE FLEXIBILITIES VIA STATE MEDICAID DIRECTOR LETTER

- People on waiting list could now receive Medicaid services
- New ability to use waiver eligibility criteria to provide traditional Medicaid services to individuals on waiting lists for services
- Wait list individuals still waiting for waiver services, but could now receive therapy, durable medical equipment, and coverage for medical services

Letter: <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf>

TOPIC #3 \$4.3M NURSING FACILITIES OPTIONAL QUALITY INCENTIVE PROGRAM (TABLE FROM MEDICAID)

Incentive	2017	2018	2019	2020	2021	2022	Avg
Patient Life Enhancement	38%	42%	30%	36%	38%	31%	36%
Clinical Software Hardware	25%	27%	32%	35%	35%	40%	32%
Van	12%	7%	14%	7%	9%	9%	10%
Nurse Call	9%	8%	8%	5%	5%	4%	7%
HVAC	4%	6%	6%	8%	5%	6%	6%
Dining Entertainment	6%	7%	7%	4%	4%	5%	5%
Bathing	3%	2%	1%	2%	2%	1%	2%
Patient Lifts	2%	1%	1%	1%	1%	2%	1%
Patient Dignity	0%	1%	1%	1%	1%	1%	1%
Educating Staff	0%	1%	0%	1%	1%	1%	1%
Worker Immunizations	0%	0%	0%	0%	0%	0%	0%

TOPIC #4 NURSING FACILITY STATISTICS

Fiscal Year*	Average Number of Deficiencies Cited Per Survey		Immediate Jeopardy is Identified
	Utah	CMS Region 8	
2017	10	8	5
2018	10	7	1
2019	10	7	1
2020	8	7	5
2021	10	7	4
*Data years are state or federal fiscal years.			

TRANSITION TO BACKGROUND OVERVIEW



THERE WERE 593 BEDS, NOW THERE ARE 525 UTAH, AN ICF-ID* STORY

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Total Funds (millions)	\$ 34	\$ 36	\$ 35	\$ 32	\$ 30
Paid Days (thousands)	212	214	207	191	180
Medicaid Rate	\$ 161	\$ 170	\$ 170	\$ 169	\$ 169
Daily Rate	\$ 177	\$ 186	\$ 187	\$ 187	\$ 187
% Change		5%	1%	0%	0%
Licensed Beds	593	602	556	545	525
% Occupancy	93%	93%	87%	86%	92%

- ICF-ID = Intermediate Care Facilities for Individuals with Intellectual Disabilities. Numbers include equivalent beds at State Hospital.
- Source: Department of Health and Human Services compiled from <https://medicaid.utah.gov/stplan/longtermcarenftmb/>

STATISTICS FOR UTAH'S ICF-IDs (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES)

Fiscal Year*	Average Number of Deficiencies Cited Per Survey		Immediate Jeopardy is Identified
	Utah	CMS Region 8	
2017	5	4	0
2018	3	3	0
2019	3	3	0
2020	3	2	0
2021	4	3	3
*Data years are state or federal fiscal years.			

NURSING FACILITIES FINANCIAL TREND

Funds & Days in Millions	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Total Funds	\$ 176	\$ 190	\$ 207	\$ 228	\$ 233
Paid Days	1.26	1.29	1.37	1.53	1.51
Medicaid Rate	\$ 140	\$ 148	\$ 151	\$ 149	\$ 154
Daily Rate	\$ 174	\$ 182	\$ 187	\$ 187	\$ 195
% Change		5%	3%	0%	4%

NURSING REIMBURSEMENT INCENTIVIZES WHAT?

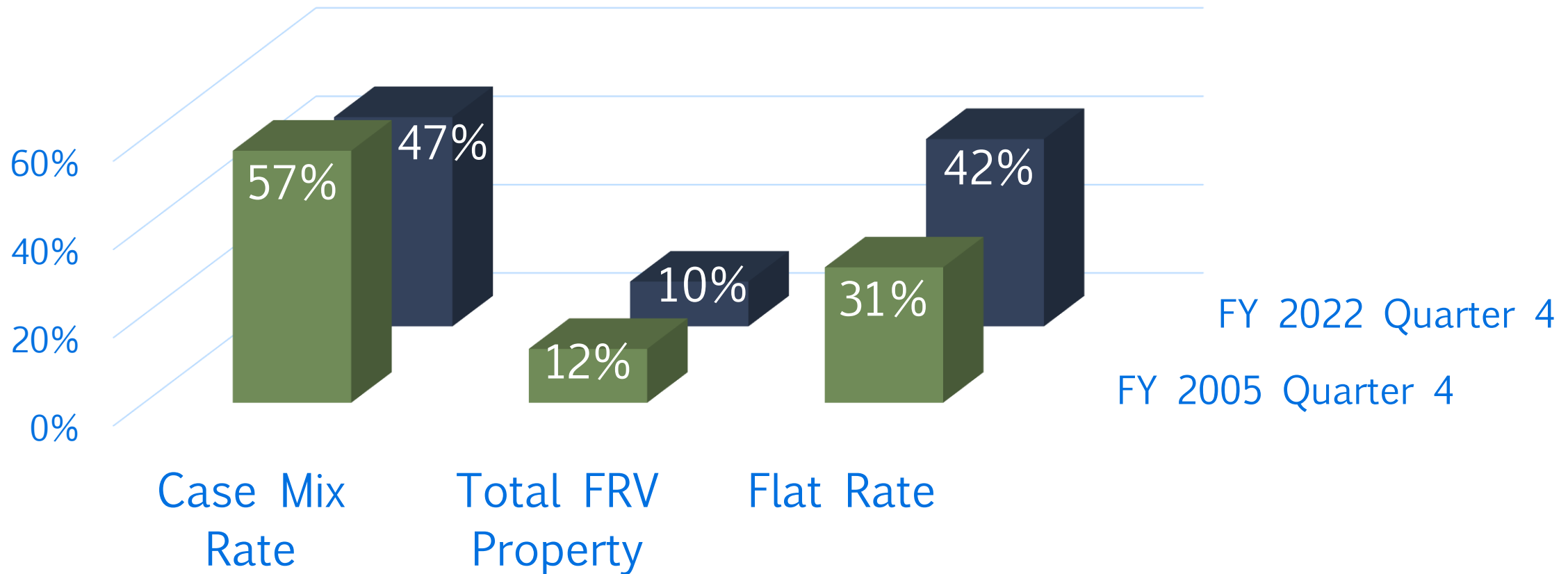
- 26-18-502 Purpose -- Medicaid certification of nursing care facilities. (1) The Legislature finds: (a) that an oversupply of nursing care facilities in the state adversely affects the state Medicaid program and the health of the people in the state; (b) it is in the best interest of the state to prohibit nursing care facilities from receiving Medicaid certification, except as provided by this part; and (c [new in 2016]) it is in the best interest of the state to encourage aging nursing care facilities with Medicaid certification to renovate the nursing care facilities' physical facilities so that the quality of life and clinical services for Medicaid residents are preserved.

History: (1) changes in <https://le.utah.gov/~2016/bills/static/HB0386.html> (2) created in <https://le.utah.gov/~2004/bills/static/HB0249.html>

NURSING REIMBURSEMENT INCENTIVIZES WHAT?

Nursing Homes	FY 2005 Quarter 4	FY 2022 Quarter 4	% Change
Case Mix	0.95	1.39	46%
Case Mix Rate	\$75.11	\$103.50	38%
Total FRV Property	\$16.07	\$ 22.17	38%
Flat Rate	\$40.40	\$ 92.67	129%
Daily Rate	\$131.58	\$218.35	66%
Inflation (Urban Nursing Homes)	143	257	80%
Facilities	77	85	10%
Urban Facilities	58	65	12%
Rural Facilities	19	20	5%
Millions Spent (FY21)	\$192	\$233	22%

NURSING RATES SHIFTS UP AND DOWN



FAIR RENTAL VALUE — A TALE OF TWO NURSING HOMES

Emery County Care and Rehabilitation Center - High	FY 2005 Quarter 4	FY 2022 Quarter 4	% Change
Fair Rental Value (FRV) Rate	\$ 11.19	\$ 24.91	123%
Share FRV (est.)	0.9%	1.3%	45%
FRV Annual Revenue (est.)	\$ 210,000	\$ 310,000	48%
Difference		\$ 100,000	
Midtown Manor (Salt Lake City) - Low			
Fair Rental Value (FRV) Rate	\$ 11.19	\$ 10.85	-3%
Share FRV (est.)	0.9%	0.6%	-37%
FRV Annual Revenue (est.)	\$ 210,000	\$ 140,000	-33%
Difference		\$ (70,000)	

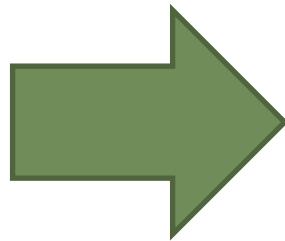
QUALITY METRICS FOR NURSING HOMES PARTICIPATING IN UPPER PAYMENT LIMIT PROGRAM

- Requirements start July 2022 for nursing homes to perform better than national average or improve in 6 of 9 measures from prior year
- If fail, then probation first year and remove from program participation in second year
- Utah Medicaid believes it is unique in the nation for requiring a quality improvement as part an upper payment limit program

HOW LONG TERM SERVICES NORMALLY WORKS IN MEDICAID

Criteria

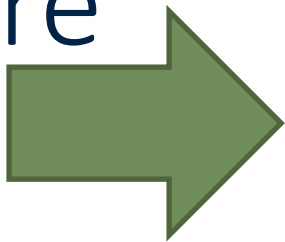
- Household Income



Services

- Medicaid Services

- Level of Care Needed



- Nursing Care Facility



WAIVER, WAIVER, WHAT'S YOUR STORY?



- 11% of all Medicaid Services funds in FY 2021 spent on Medicaid waivers (1 of every 10 service dollars)
- Without the waivers, clients would have to be served in nursing care level facilities (nursing homes or ICF-IDs, which is another 11% of all spending)
- Can set caps on the number of people served in waivers

COMMUNITY SUPPORTS WAIVER - \$339M IN FY21

- What Waived? Change location of services to home or community-based and Medicaid income eligibility done based on individual (rather than household).
- Who Served? 5,700 individuals with intellectual disabilities with impairments in at least three major life activity areas
- Services Provided? Home and community-based services to support independent living.

NEW CHOICES WAIVER - \$55M IN FY21

- What Waived? Location of services
- Who Served? 2,000 individuals already residing in facilities with care help.
- Services Provided? Support services in an integrated community-based setting.

ACQUIRED BRAIN INJURY WAIVER - \$10M IN FY21

- What Waived? Change location of services to home or community-based.
- Who Served? 200 individuals with brain injuries
- Services Provided? Home and community-based services to support independent living.

AGING WAIVER - \$5M IN FY21

- What Waived? The waiver refers to CMS waiving the requirement that these clients be served in a facility and instead allows them to be served in a residential setting. Further, this waiver allows clients to be given only those services determined necessary rather than the full range of Medicaid services they would have potentially received in a facility.
- Who Served? Potential clients of the Medicaid Aging Waiver are required to both 1) be eligible for Medicaid and 2) qualify for placement in a nursing facility. 514 clients served in FY21.
- Services Provided? The Medicaid Aging Waiver provides a number of in-home services including nursing services, chore services, environmental adaptation, meals, etc.

TECHNOLOGY DEPENDENT, MEDICALLY FRAGILE - \$4M IN FY21

- What Waived? Location of services and Medicaid income eligibility done based on individual (rather than household).
- Who Served? 100 clients who have at least one caregiver trained to provide care and require skilled nursing at least five days weekly and are dependent on a medical machine.
- Services Provided? Home-based services, extended private duty nursing, and family support services.

PHYSICAL DISABILITIES WAIVER - \$2M IN FY21

- What Waived? Certain federal requirements under the Home and Community-Based Medicaid Waiver.
- Who Served? 90 clients eligible under Utah Rule R539-1-5.
- Services Provided? These clients received fiscal management services, personal assistance and nurse care management. Some of these individuals also received monthly rental assistance, personal emergency response buttons and special purchasing of items related to the COVID-19 pandemic.

COMMUNITY TRANSITIONS WAIVER - \$1M IN FY21

- What Waived? Location of services and Medicaid income eligibility done based on individual (rather than household).
- Who Served? 30 individuals living in ICF-IDs
- Services Provided? Change out of an ICF-ID into community-based services with supports.

MEDICALLY COMPLEX CHILDREN'S WAIVER - \$1M IN FY21

- What Waived? Individual income eligibility determination rather than household.
- Who Served? 500 children with three or more organ systems associated with their disabilities and not meeting age-appropriate milestones for daily living.
- Services Provided? Services to support independent living.

ANY TOPICS FOR AUGUST THAT YOU WOULD LIKE TO PROPOSE BEYOND STAFF'S SUGGESTIONS? (LIKELY HAVE TIME FOR TWO)

1. Specific steps that could be taken to improve the sharing of relevant findings from internal audits in the Department of Health and Human Services with the Office of Inspector General.
2. Potential options and associated costs provided under the letter to State Medicaid Directors entitled "State Flexibilities to Determine Financial Eligibility for Individuals in Need of Home and Community-Based Services".
3. Spending and results of the nursing home incentive program.
4. Trends in survey deficiencies in Medicaid nursing homes and any suggested interventions to lower the number of deficiencies.

POP QUIZ – WHY IS THERE A 104 PAGE BACK UP DOCUMENT POSTED ONLINE?

1. Give you a sample of information collected and questions asked
2. Document may help you identify some areas of interest to study further
3. Misery loves company (If Russ and the agency had to suffer, you should suffer a little also)
4. Russ hopes his pay is based on the number of pages produced

END OF HEALTH SLIDES

HEALTH HAS A BRIEF
PRESENTATION
READY



WHAT BUDGET AREAS ARE WE REVIEWING THIS YEAR?

DHS - Division of Child and Family Services

DWS - State Office of Rehabilitation

DWS – Utah Community Center for the Deaf Fund

DWS – Individuals with Visual Impairment Fund

DWS – Individuals with Visual Impairment Vendor Fund

DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICES

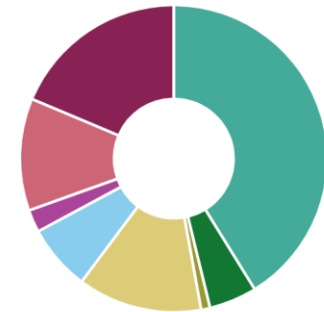
Mission: to keep children safe from abuse and neglect through the strengthening of families

FY22-23 Sources - \$326.14M



- General Fund (\$18,050,400)
- Education Fund (\$154,089,300)
- Federal Funds (\$140,740,500)
- Dedicated Credits (\$13,255,400)

Programs

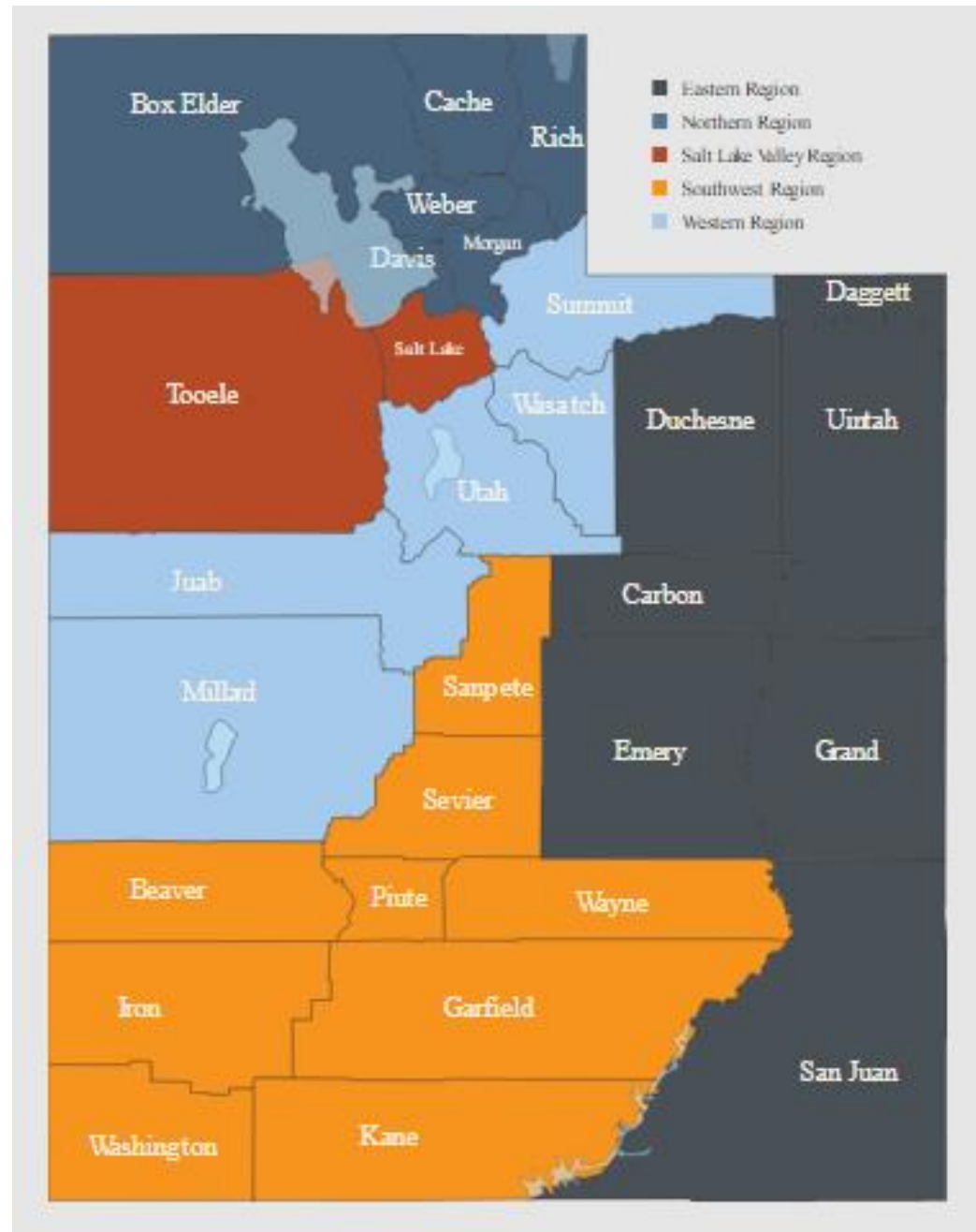


- Child & Family Services (\$133,298,800)
- Domestic Violence (\$15,448,800)
- In-Home Services (\$2,196,100)
- Out-of-Home Services (\$41,628,000)
- Adoption Assistance (\$21,704,200)
- Child Abuse & Neglect Prevention (\$6,824,900)
- Children with Special Healthcare Needs (\$37,603,800)
- Maternal & Child Health (\$59,893,800)

CHILD AND FAMILY SERVICES CONTINUUM

- Prevention Services: prevent child abuse and neglect
- Child Protective Services: receive and assess reports of abuse and neglect; intervene to address concerns
- In-Home Services: case management to allow children to stay in the home
- Foster Care and Reunification Services: Temporary intervention for children who cannot remain safely in their homes
- Kinship Care: provides a level of permanency
- Transition to Adult Living (TAL)
- Adoption and Guardianship Services: support children who cannot safely return home
- Domestic Violence Services

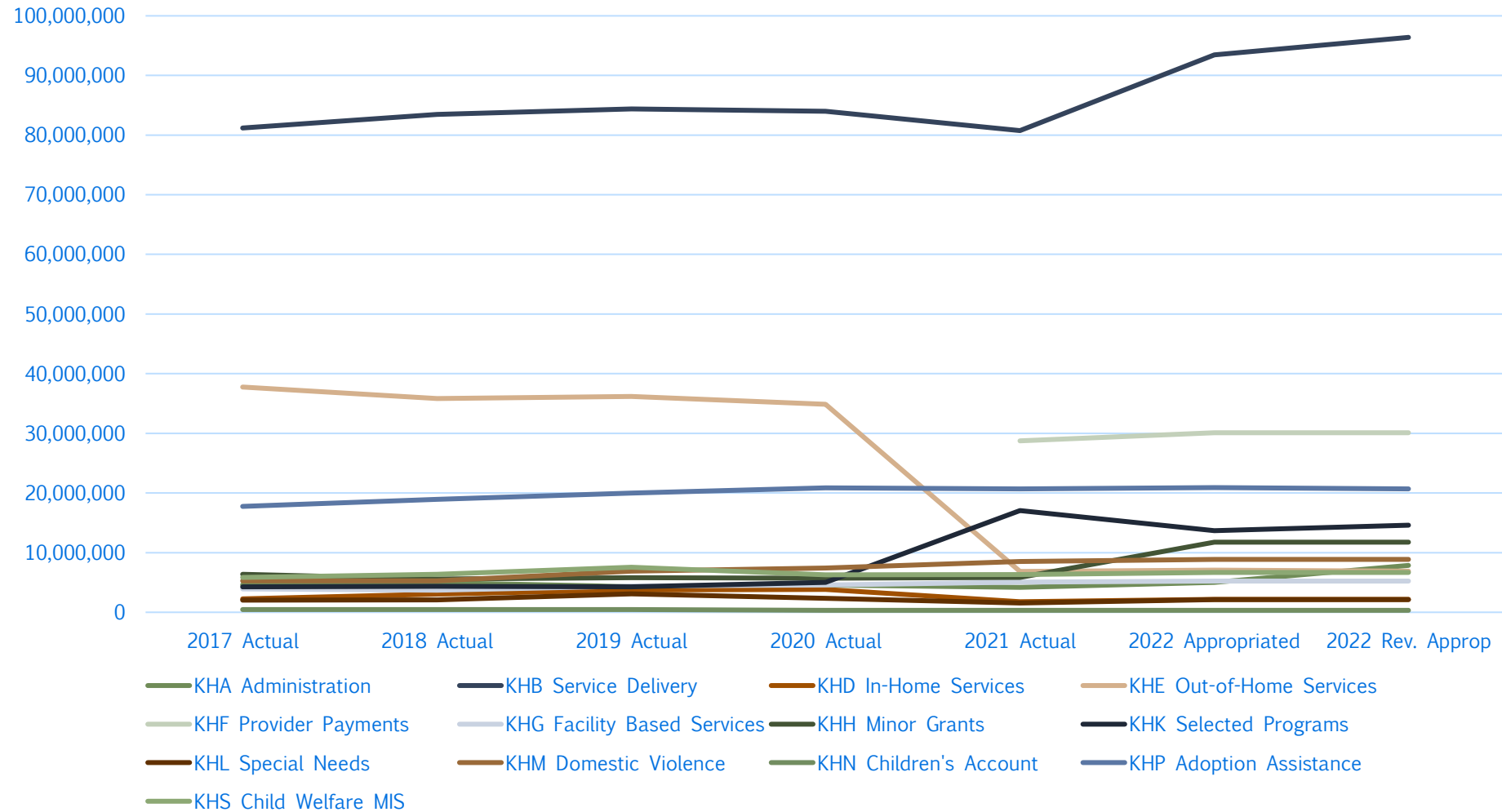
REGIONS



DCFS TRENDS

Program	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp
KHA Administration	4,606,418	4,981,069	4,328,452	4,558,309	4,179,736	4,995,100	7,855,700
KHB Service Delivery	81,180,899	83,451,025	84,404,403	83,982,737	80,770,495	93,439,100	96,376,400
KHD In-Home Services	2,248,560	3,026,870	3,725,771	3,806,455	1,754,955	2,166,200	2,166,200
KHE Out-of-Home Services	37,743,726	35,844,419	36,199,890	34,877,702	6,863,056	7,050,600	6,879,200
KHF Provider Payments					28,746,742	30,106,400	30,106,400
KHG Facility Based Services	3,923,859	3,692,664	4,395,381	4,563,550	5,058,958	5,214,300	5,214,300
KHH Minor Grants	6,361,728	5,566,987	5,798,559	5,710,657	5,841,218	11,741,600	11,741,600
KHK Selected Programs	4,243,334	4,336,068	4,267,719	5,022,334	17,038,895	13,687,600	14,612,600
KHL Special Needs	2,018,612	2,095,054	3,074,329	2,351,988	1,556,858	2,128,200	2,128,200
KHM Domestic Violence	5,265,944	5,274,698	6,882,708	7,402,585	8,526,440	8,858,500	8,858,500
KHN Children's Account	450,000	450,000	450,000	302,919	313,171	340,000	340,000
KHP Adoption Assistance	17,745,934	18,942,714	19,966,510	20,864,875	20,697,809	20,907,300	20,702,300
KHS Child Welfare MIS	5,826,302	6,353,170	7,547,262	6,298,395	6,301,357	6,691,300	6,691,300

DCFS by Program



COMPENSATION INCREASES

Dept. of Human Services

Front Line Staff at State Hospital and Developmental Center

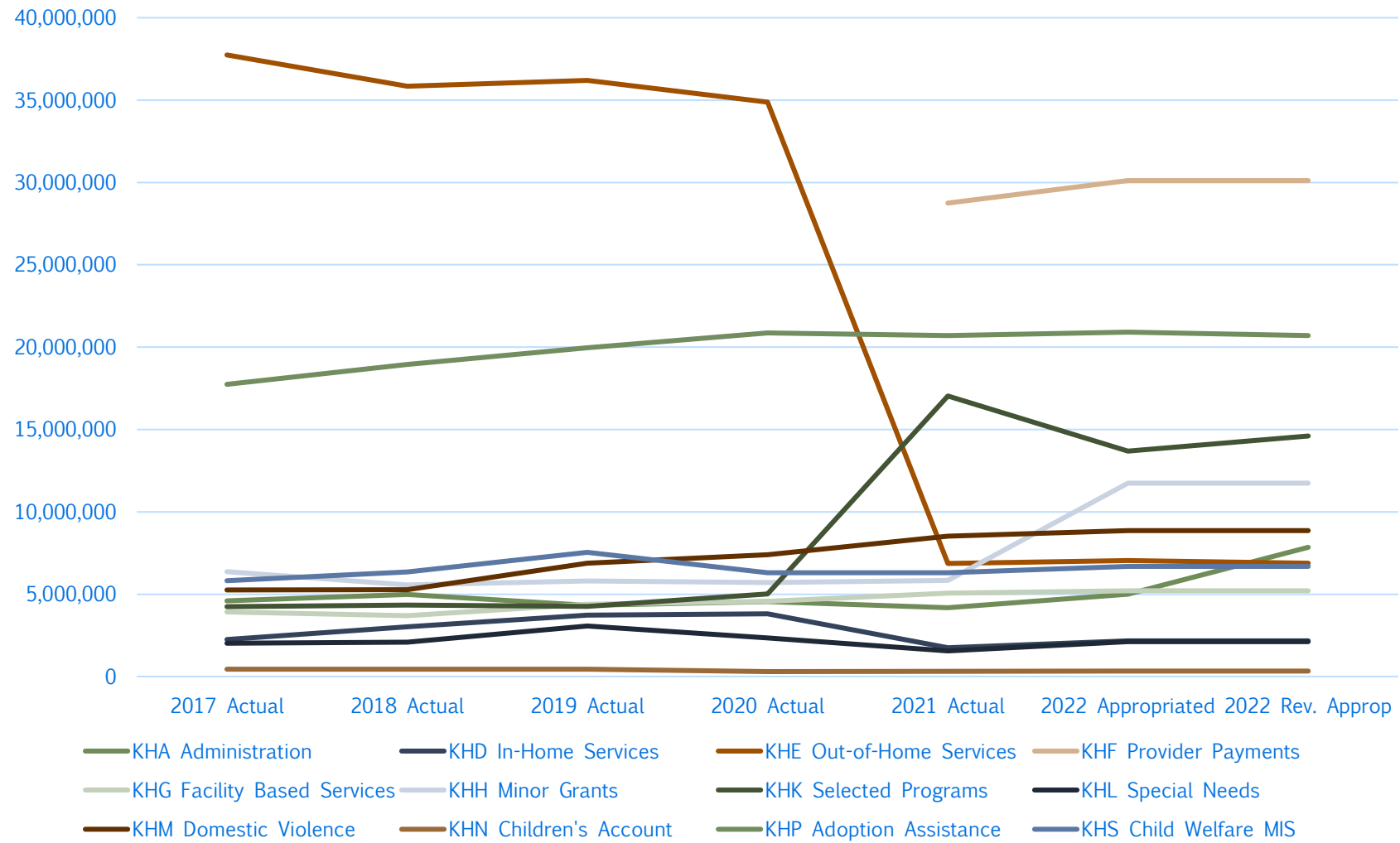
\$3,239,800

Recommendation for Discretionary Performance-based Increases

\$3,894,500

<u>Classification Title</u>	<u>FTEs</u>	<u>Median Distance from Market</u>	<u>% Increase</u>
Accounting Technician III	11	-17.0%	5%
Assistant Caseworker	19	-29.4%	10%
Caseworker I	336	-19.7%	5%
Caseworker II	39	-15.4%	5%
Financial Analyst I	11	-35.6%	15%
Financial Analyst II	14	-31.5%	15%
Financial Analyst III	11	-37.3%	15%
Journey Maintenance/Construction Specialist	19	-22.3%	10%
Office Specialist I	47	-19.6%	5%
Office Specialist II	27	-18.0%	5%
Office Technician II	9	-18.3%	5%
Recreational Therapist II	23	-24.7%	10%
Registered Nurse	127	-18.1%	5%
Senior Registered Nurse	42	-20.1%	10%
Social Service Worker	83	-18.3%	5%
Youth Development Specialist	302	-34.0%	10%

DCFS Programs Without Service Delivery



GENERAL VS. FEDERAL FUND BY TYPE

The average cost per client varies depending on the case type and whether the client is eligible for IV-E, Medicaid, and other social welfare programs

Case Type	General Funds	Federal Funds	Office of Recovery Services Collection	Total
In Home	87%	13%	0	100%
Out-of-Home	83%	13%	4%	100%
Adoption	54%	46%	0	100%

RESULTS BASED ACCOUNTABILITY

Focus on community-wide impacts and the customers they serve

- How much did we do?
- How well did we do it?
- Is anyone better off?

- Turn the Curve Thinking
 - History and forecast where the measure would go if you do nothing else
 - Analyze the story behind the data (roots causes/community context)
 - Identify new and existing partners
 - Brainstorm how to turn the curve
 - Develop and implement a plan

ONE UTAH

STATE OF UTAH	All Utahns are safe, happy, healthy, successful, thriving, and surrounded by those they love.
DHHS	All Utahns have fair and equitable opportunities to live safe and healthy lives.
COMMUNITY HEALTH & WELLBEING	All individuals, families, and communities in Utah thrive as they experience health, safety, and stability.
DCFS	Safe children, strengthened families.

(ORGANIZATION)									
MANAGER/CHAMPION									
PROJECT MANAGER									
PLANNING GROUP									
PLAN START & END DATES									
PLAN	OBJECTIVES, STRATEGIES, & TACTICS	LEAD	OTHERS/ TEAM	NON-NEGOTIABLES (Parameters, people to give input, scope, etc.)	DELIVERABLES (Make sure these are specific and perfectly clear)	PROGRESS (% Complete or Status)	DUE DATE	MILESTONE / DELIVERABLE	DUE DATE
O1	(Objective 1)								
S1	(Strategy 1)								
T1	(Tactic 1)								
T2	(Tactic 2)								
T3	(Tactic 3)								
S2									
T1									
T2									
T3									
MEASURES				BASELINE	TARGET				
Indicator(s)									
Performance Measures									
O2	(Objective 2)								
S1	(Strategy 1)								
T1	(Tactic 1)								
T2	(Tactic 2)								
T3	(Tactic 3)								



RBA OBJECTIVES AND INDICATORS

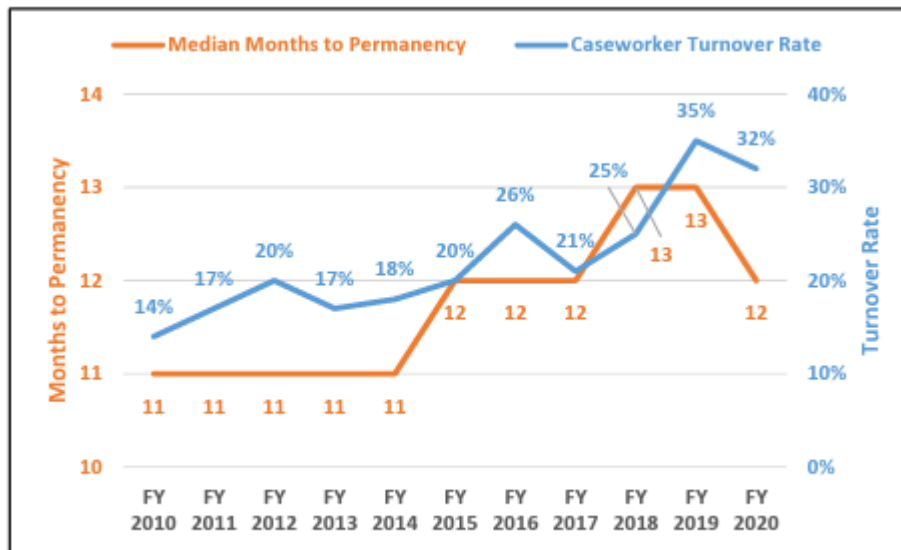
Objective 1: Children are free from neglect and abuse

- Headline indicator 1: % Children who come to the agency's attention and experience no future abuse/neglect (12 months)
 - Parents are able to safely care for and nurture their children
 - Children and families experience appropriate safety assessment
 - Children and families experience supportive, integrated, effective, safety interventions
 - DCFS has a skilled and stable workforce in order to achieve equitable, quality outcomes for those we serve

Objective 2: Children experience continuity in their family, home, community, and culture

- Headline 2: % child abuse/neglect victims who are able to stay at home
 - Engage and intervene with families early and at the right intensity to ensure children remain safely at home with the least restrictive DCFS services
 - If children are unable to remain safely at home, familial connections will be maintained through kinship involvement and placement
 - Children who require the safety intervention of substitute care are able to successfully return home
 - Children unable to return home or to remain with family members or friends will find alternative permanency with an unrelated family.

USING PERFORMANCE MEASURES FOR A FULLER PICTURE



Source: The Office of the Legislative Fiscal Analyst's COBI website for fiscal year 2021-22.

“As DCFS management views its caseworkers as the essential resource that drives positive outcomes—i.e., permanency for foster care cases— increases in turnover rate represents increased risk.

When turnover rates were in the high teens, the median number of months to permanency was 11. As rates have increased, reaching a high of 35 percent in fiscal year 2019, the median months to permanency also increased to 13. These trends raise concerns of increasing cost pressure of providing foster care services. Coupling placement delays and elevated employee turnover with costs from lengthier foster care stays could present decision-makers with a clearer picture of fiscal impact. Such fiscal impact would inform legislators as to whether additional research is necessary or whether specific decisions and actions need to be taken.”

A Performance Audit of Social Service Agencies' Performance Measures, October 2021

PERFORMANCE MEASURES

- Percent satisfactory outcomes on Qualitative Case Reviews for Child Status and System Performance 85%/85%
- Child Protective Services: Absence of maltreatment recurrence within 6 months 95%
- Out-of-home services: Percent of cases closed to permanency outcome/median months closed to permanency
- Propose:
 - New PM: Case worker turnover
 - Caseworkers are an essential resource that drives positive outcomes
 - CFSR+ Tool
 - Combines federal and state assessments into a single tool
 - Internal Qualitative Case Review (QCR)
 - Keeps three elements
 - Federal Child and Family Services Review (CFSR)
 - Keeps all elements
 - Change target on absence of maltreatment to 12 months to match federal reporting standards

RECOMMENDATIONS FOR CONSIDERATION: HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICES

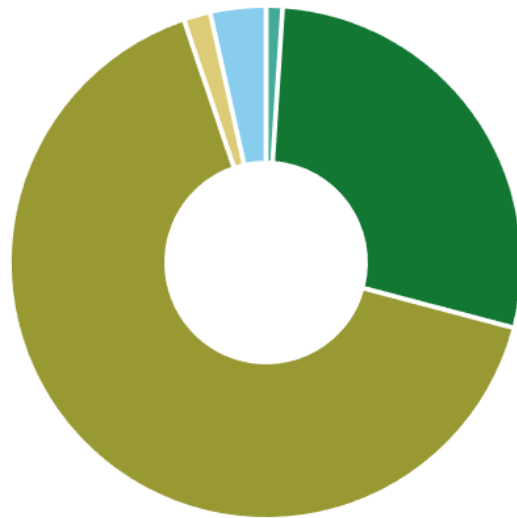
1. The Department of Health and Human Services shall work with legislative staff to propose new line-item performance measures on case worker turnover; new CFSR+ Tool; and change target on absence of maltreatment to 12 months to match federal reporting standards by October 1, 2022 (see performance measures slide).
2. Follow-up report working with other agencies involved in victim's services by October 1, 2022 on a statewide strategy.
 1. Legislative framework; agencies interpretation of responsibilities in code; how they comply
 2. Plan on systematic data collection and information sharing to assess victim needs
 3. Propose a statewide strategy to addressing victim services
 4. Address best practices and how strategy complies with these
 5. Include providers in meetings
3. Areas for further study (see final slide for voting):
 1. Funding sources and formulas for state and federal funds including Title IV-E and TANF interaction
 2. Follow up on performance and outcome measures, including CFSR and QCR
 3. Approaches to Domestic Violence and Victims Services in Other States
 4. Deep dive into DCFS and Children's Justice Centers, Juvenile Justice & Youth Services Line Item in DHHS

END OF DCFS SLIDES



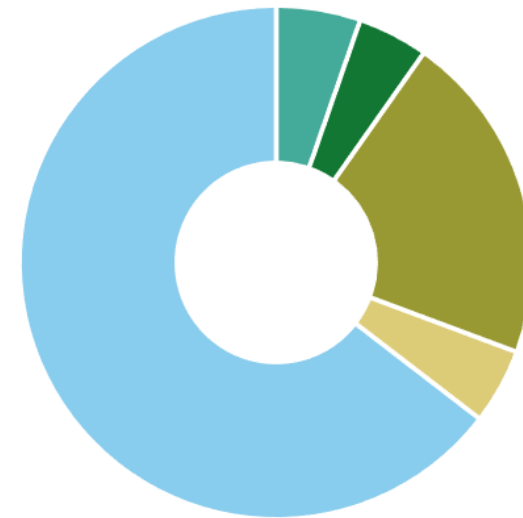
DEPARTMENT OF WORKFORCE SERVICES – STATE OFFICE OF REHABILITATION

FY22-23 Sources - \$78.78M



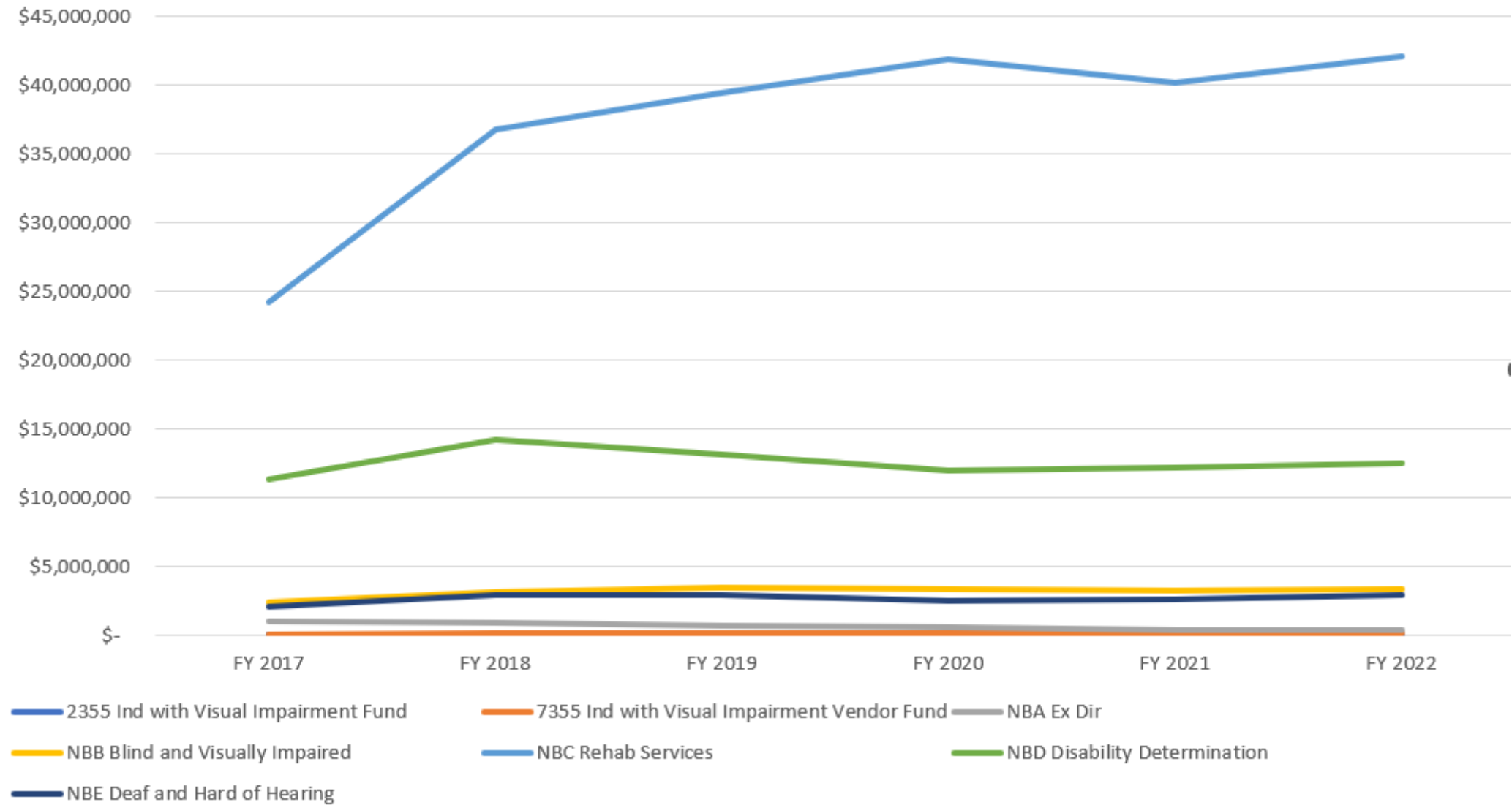
- General Fund (\$601,600)
- Education Fund (\$22,205,600)
- Federal Funds (\$52,261,500)
- Dedicated Credits (\$1,129,000)
- Other (\$2,583,000)

Programs



- Blind and Visually Impaired (\$4,021,700)
- Deaf and Hard of Hearing (\$3,339,400)
- Disability Determination (\$16,476,800)
- Executive Director (\$3,576,700)
- Rehabilitation Services (\$51,366,100)

State Office of Rehabilitation



TARGETED COMPENSATION - USOR

Dept. of Workforce Services			
Recommendation for Discretionary Performance-based Targeted Increases			\$1,059,100
<u>Classification Title</u>	<u>FTEs</u>	<u>Median Distance from Market</u>	<u>% Increase</u>
Claims Examiner II	33	-15.6%	5.0%
Executive Secretary	13	-32.1%	15.0%
Financial Analyst III	11	-31.0%	15.0%
Insurance Compliance Specialist	30	-24.7%	10.0%
Rehab Supervisor/Program Specialist	28	-16.8%	5.0%
Rehabilitation Counselor I	34	-25.8%	10.0%
Research Consultant I	10	-21.0%	10.0%
Research Consultant II	6	-10.6%	5.0%
Research Consultant III	5	-28.1%	10.0%
Sensory Impairment Specialist I	12	-18.1%	5.0%
Workforce Services Specialist I	315	-17.5%	5.0%
Workforce Services Specialist II	779	-6.7%	5.0%
Workforce Services Supervisor	77	-21.3%	10.0%

ANNUAL REPORT UPDATES

Rehabilitation Services State Fiscal Year 2021	
State Fiscal Year	New VR applicants
2020	6,192
2021	5,624
State Fiscal Year	VR clients served
2020	17,089
2021	16,278
State Fiscal Year	VR clients closed employed
2020	2,068
2021	1,739
State Fiscal Year	Employers served by Business Relations
2020	327
2021	668

DDS Standards	Federal Fiscal Year 2020	Federal Fiscal Year 2021
Number of adjudicated claims per year	12,169	11,851*
Accuracy rates	95.31%	97.08%*
Processing time (average)	100.47 days	158.3 days

**Data as of 7/31/21. Complete numbers will be available at the end of Federal fiscal year.*

- DSDHH provided accessible services to 4,985 deaf and hard of hearing individuals across the state and an average of 1,221 individuals received one or more services each month.
- 3,366 individuals received educational services and resource information through the hard of hearing program.
- The UIP issued certifications to 474 individuals, including 42 new interpreters.

- Low vision services extended to 2,091 individuals throughout the state, including 503 virtual contacts.
- Support Service Provider and iCanConnect services were provided to 97 individuals who are Deafblind.
- Training and adjustment services offered to 16 fulltime in person and 63 virtual students. 88 individuals participated in other types of virtual training offered during the pandemic.

CURRENT PERFORMANCE MEASURES - USOR

- 1) Vocational Rehabilitation - Increase the percentage of clients served who are youth

Target \geq 39.8%

- 2) Vocational Rehabilitation - Maintain or increase a successful rehabilitation closure rate

Target = 55%

- 3) Deaf and Hard of Hearing - Increase in the number of individuals served by DSDHH programs

Target = 8,000

USOR: PROPOSED PERFORMANCE MEASURES

Accuracy Rate

Calculated using the average of eligibility determinations made accurately according to the Social Security Administration (SSA). The accuracy rate is determined over the course of a federal fiscal year.

- Target goal of 97% (the national goal set by SSA)

Historical Data (Baseline)

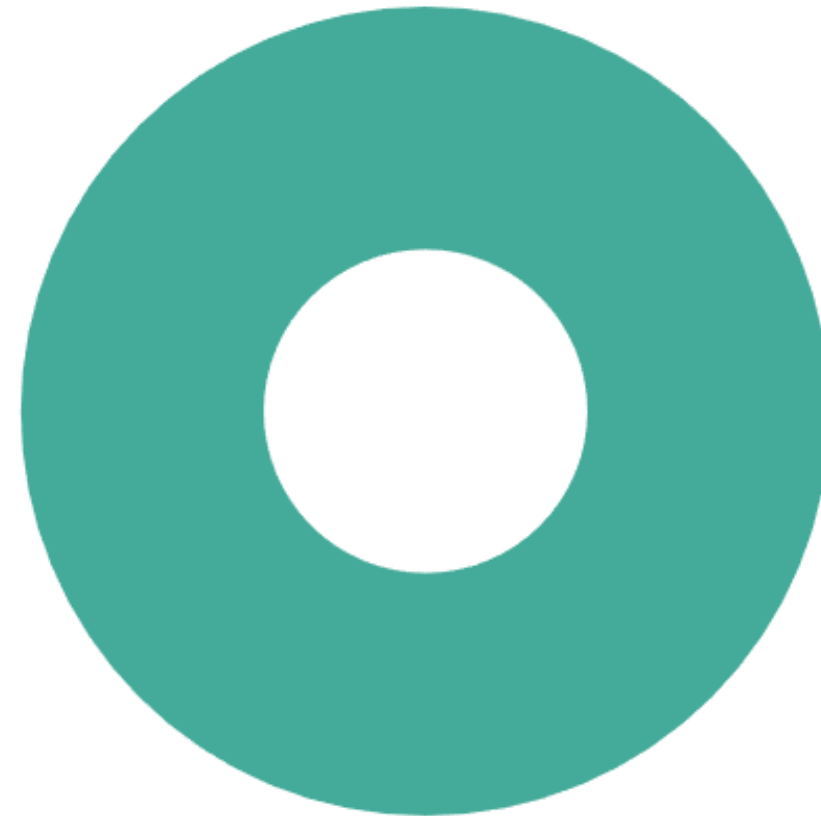
- FFY 2017 Actual: 95.3
- FFY 2018 Actual 96.10
- FFY 2019 Actual 95.76
- FFY 2020 Actual 94.55
- FFY 2021 Actual 96.10

For FY 2024: percentage of program participants (Vocational Rehabilitation clients) who are in unsubsidized employment during the second quarter after exit from the program (also called the entered employment rate)

- Waiting to add this performance measure until FY 2024 will allow for establishing a baseline of performance

DWS – UTAH
COMMUNITY CENTER
FOR THE DEAF FUND

FY22-23 Sources - \$7.00k



● Dedicated Credits (\$7,000)

CURRENT PERFORMANCE MEASURES

Utah Community Center for the Deaf Fund

- 1) Increase the number of individuals accessing interpreter certification exams in Southern Utah

Target = 25

DWS - INDIVIDUALS WITH VISUAL IMPAIRMENT FUND

FY22-23 Sources - \$64.20k



● Dedicated Credits (\$64,200)

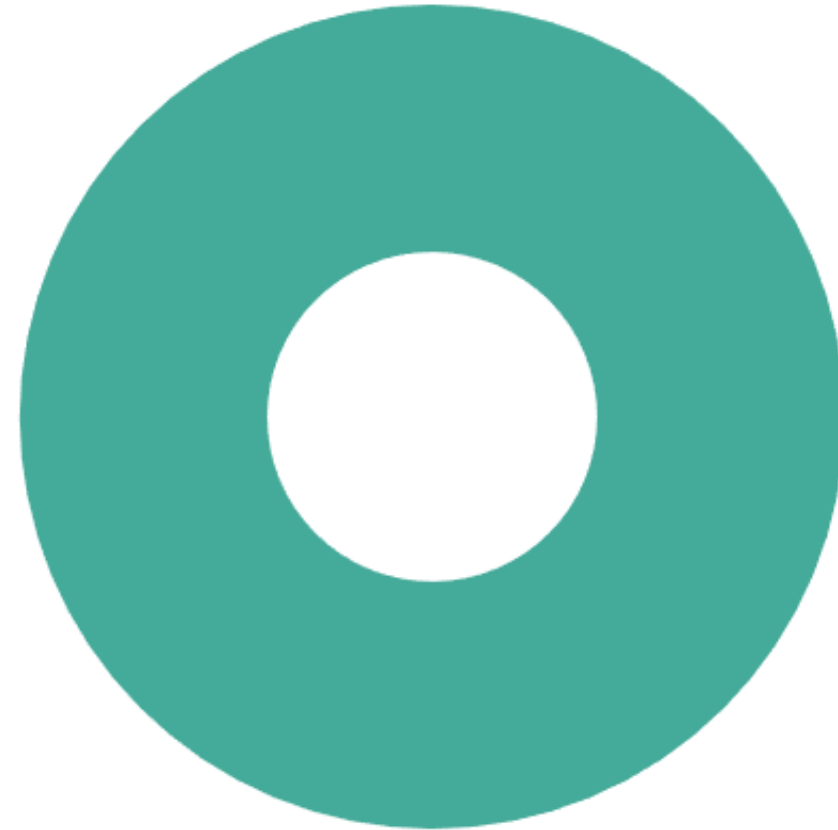
CURRENT PERFORMANCE MEASURES - FUNDS

Individuals with Visual Impairment Fund

- 1) Grantees will maintain or increase the number of individuals served Target ≥ 165
- 2) Grantees will maintain or increase the number of services provided Target ≥ 906
- 3) Number of individuals provided low-vision services Target = 2,400

DWS — INDIVIDUALS WITH VISUAL IMPAIRMENT VENDOR FUND

FY22-23 Sources - \$153.20k



Other (\$153,200)

CURRENT PERFORMANCE MEASURES - FUNDS

Individuals with Visual Impairment Vendor Fund

- 1) Funds used to assist different business locations with purchasing upgraded equipment Target = 12
- 2) Funds used to assist different business locations with repairing and maintaining of equipment Target = 32
- 3) Business Enterprise Program will establish new business locations in government and/or private businesses to provide additional employment opportunities Target = 4

ACTION: RECOMMENDATIONS AND FOLLOW-UP

- Approve one additional performance measure for the USOR line item in FY 2023 and an additional in FY 2024 (see performance slide)
- Areas for further review:
 - Deep dive into internal performance measures, including client experience
 - Review of federal funding streams

END OF DWS SLIDES



WHAT BUDGET AREAS
ARE WE REVIEWING
THIS YEAR?

DHHS - Division of
Services for People with
Disabilities (DSPD)

DHHS – Utah State
Developmental Center
(USDC)

SERVICES FOR PEOPLE WITH DISABILITIES - AUTHORITY

- Individuals with disabilities are served in Utah by state programs under the following provisions:
 - State Statute:
 - Utah Human Services Code Section 62A-5-1
 - Administrative Rule:
 - R539-1, Eligibility Rule
 - Federal Medicaid Authority
 - Home and Community-Based Waiver, 1915c

SERVICES FOR PEOPLE WITH DISABILITIES - AUTHORITY

- Why is the state involved in the care of this population?
 - The state is involved in this because, in many cases, an individual will not have the natural supports necessary to meet their needs.
 - Caring for an individual with a disability can be a very complex task which impacts all aspects of a caregiver's life. This includes, but is not limited to, reduced quality of life, financial stress, limiting relationships, and others.
 - Funding care and supports for individuals can be very expensive and out of reach for many, as a result, they often need to turn to Medicaid to help cover costs and DSPD helps manage that relationship.

SERVICES FOR PEOPLE WITH DISABILITIES - ORGANIZATION



- The Division of Services for People with Disabilities (DSPD) and the Utah State Developmental Center (USDC) are the two governmental organizations that support this function.
- The Utah State Developmental Center and the Division of Services for People with Disabilities function as separate entities in many ways but are cohesively aligned in others.
- USDC houses between 175 to 210 individuals who need high intensity supports, 24 hours a day and DSPD contracts with over 300 private partner organizations to provide services withing the state.

SERVICES FOR PEOPLE WITH DISABILITIES - MISSION



- The mission of DSPD is to promote opportunities and provide supports for persons with disabilities to lead self-determined lives.
- The mission of USDC is to provide an effective, efficient array of critical services and supports that promote independence and quality of life for Utah's most vulnerable people with disabilities in partnership with families, guardians, and the community.

SERVICES FOR PEOPLE WITH DISABILITIES - DSPD

- DSPD serves 6,264 individuals (as of 4/27/22) through the Home and Community-Based Services (HCBS) model;
 - This model emphasizes keeping individuals with disabilities in their communities and included in everyday life.
- DSPD contracts with a wide array of service providers who support individuals in communities throughout the state.
- Support Coordinators (who can be state-employed but are generally contracted outside of DSPD) connect individuals on their caseload with the proper services and service providers to meet their needs.

SERVICES FOR PEOPLE WITH DISABILITIES - DSPD

- DSPD also supports the health and safety of individuals through the following methods:
 - Providing access to special equipment or accommodation needs (e.g. mobility aids, environmental modifications, adapted job training).
 - Ensuring day programs/employment settings are healthy and safe.
 - Ensuring residential settings are healthy and safe.
 - Ensuring direct support professionals and support coordinators are properly qualified and trained to safely and appropriately care for people with disabilities.
 - Ensuring access to needed services, including living supports and personal care supports
 - Ensuring access to needed care and treatment, including medical, mental health, and dental care, as well as medications.

SERVICES FOR PEOPLE WITH DISABILITIES — SERVICE DELIVERY

- DSPD emphasizes the importance of Individual outcomes developed using the Person-Centered Planning (PCP) process.
 - The PCP process is an individualized approach to planning services and supports to help a person achieve their goals, get the life they want for themselves, and help them reach their vision of a good life.
 - PCP places the person at the center of the planning process as the expert on their own life, interests, and talents (DSPD PCP process).
 - The person-centered support team meets at least annually to develop individual goals based on the person's interests, strengths, and desired outcomes.

SERVICES FOR PEOPLE WITH DISABILITIES – SERVICE DELIVERY (CONT'D)

- Tools used in the PCP process include:
 - The Employment Pathway Tool - Aids in occupational planning and goals;
 - The Charting the Life Course tools - Aids individuals and families develop a fulfilling life;
 - The Utah Comprehensive Assessment of Needs and Strengths (UCANS) - Aids in better understanding individuals areas of need and abilities.
- Proper utilization of DSPD's PCP process and associated tools allows individuals, families, direct support professionals, and support coordinators to identify clear goals to improve and enhance the life experiences of individuals with disabilities.

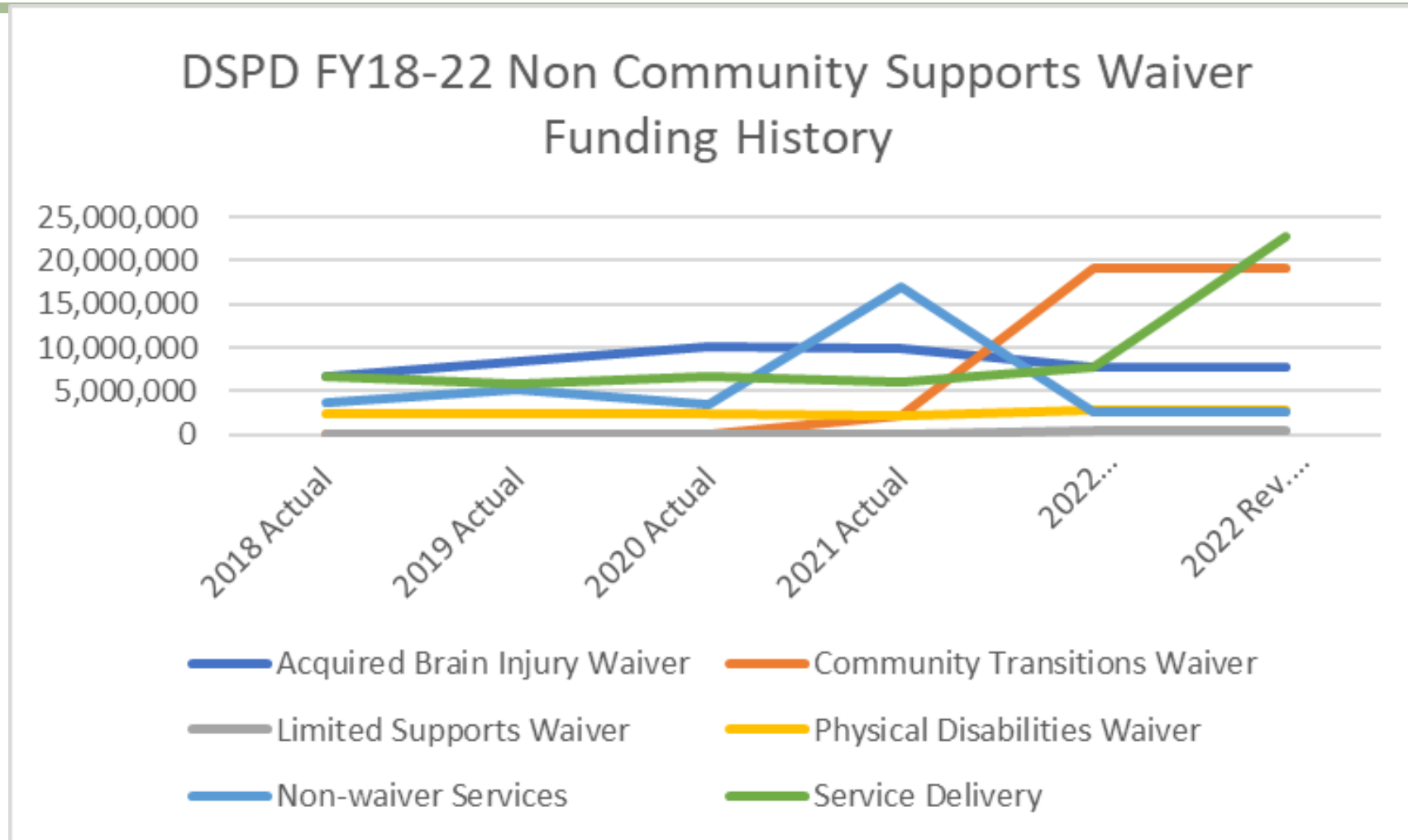
SERVICES FOR PEOPLE WITH DISABILITIES – BUDGET STRUCTURE

Appropriation Unit Name	New Appropriation Unit Code (effective FY23)	Old Appropriation Unit Code (prior to FY23)
Long-Term Services and Supports (LTSS) Administration	KPAAC	KFA
Services for People with Disabilities	KPCAF	KFB
Community Supports Waiver (CSW) Services	KPCAG	KFD
Disabilities Non-Waiver Services	KPCAH	KFG
Disabilities Other Waiver Services	KPCAJ	KFE/KFF/KFH/KFI
Utah State Developmental Center (USDC)	KPCK	KFC

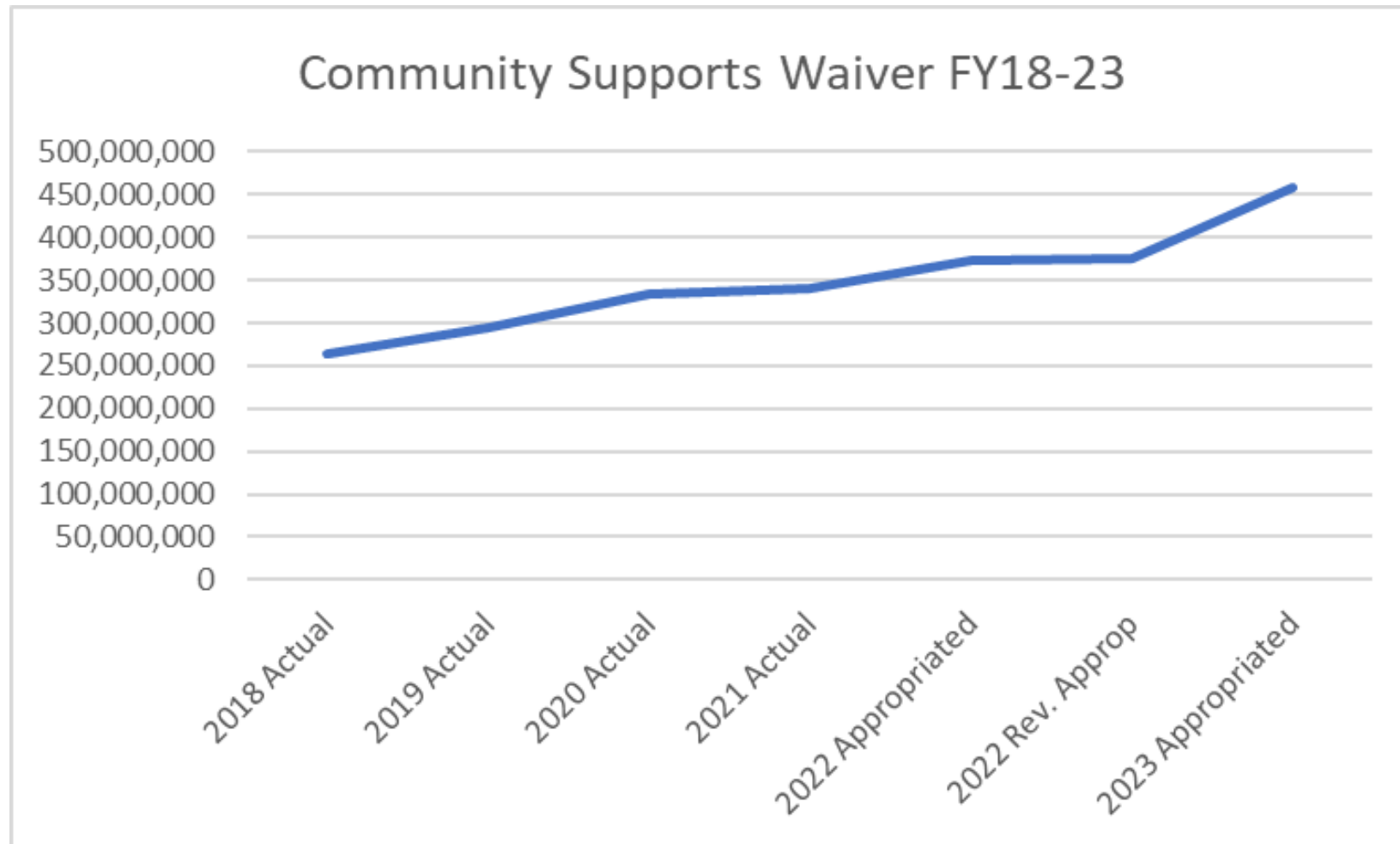
SERVICES FOR PEOPLE WITH DISABILITIES – DSPD FUNDING FY18-23

Program	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp	2023 Appropriated	2022 Rev. vs. 2023 Approp.
Acquired Brain Injury Waiver	6,578,500	8,394,400	10,175,200	9,886,300	7,766,200	7,766,200	34,826,300	4,865,800
Community Transitions Waiver	0	0	0	2,219,400	18,997,100	18,997,100		
Limited Supports Waiver	0	0	0	0	439,800	439,800		
Physical Disabilities Waiver	2,393,600	2,422,500	2,443,300	2,181,100	2,757,400	2,757,400		
Community Supports Waiver	263,256,200	294,402,100	334,033,000	340,783,800	373,562,700	374,785,000	458,832,100	84,047,100
Non-waiver Services	3,603,700	5,090,700	3,391,000	17,001,400	2,647,100	2,647,100	2,765,500	118,400
Service Delivery	6,749,500	5,845,000	6,574,600	6,130,100	7,784,400	22,698,600	15,654,800	(7,043,800)
Total	327,715,100	364,837,600	404,713,300	426,879,100	464,718,800	485,278,400	512,078,700	26,800,300

SERVICES FOR PEOPLE WITH DISABILITIES – NON-COMMUNITY SUPPORTS WAIVER FUNDING FY18-22



SERVICES FOR PEOPLE WITH DISABILITIES – COMMUNITY SUPPORTS WAIVER FUNDING FY18-23



SERVICES FOR PEOPLE WITH DISABILITIES — FUNDING SOURCES

- Title XIX Federal revenue transfers from DOH for FY 2021 was a net of transfer of \$32.8 M for USDC.
- DSPD receives matching Federal dollars for most of its services. The current (FY22) Federal Medical Assistance Percentage (FMAP) is 67.002%.
 - For every dollar of service costs, 32.998% is funded through the General or Education Fund. This represents the unenhanced FMAP.
 - It should be noted that the current federal participation rate is an enhanced (larger) rate due to the pandemic.
- Apart from the service FMAP, DSPD receives a 50% Federal match rate on administrative costs.

SERVICES FOR PEOPLE WITH DISABILITIES – FUNDING SOURCES

Sources of Finance	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp
General Fund	94,708,300	107,480,600	126,570,700	134,850,800	152,718,500	152,718,500
General Fund, One-Time	2,992,200	(1,260,600)	(4,499,000)	(82,058,500)	(152,718,500)	(146,501,000)
Education Fund, One-Time	0	0	0	52,792,100	146,889,900	127,505,600
Federal Funds	1,344,900	1,464,700	936,800	756,400	1,145,300	1,145,300
Federal Funds, One-Time	0	0	0	0	1,200	(40,800)
Federal Funds - CARES Act	0	0	4,700	0	0	0
Federal Funds - Enhanced FMAP	0	0	0	0	0	13,002,200
Federal Funds - American Rescue Plan	0	0	0	0	11,200	0
Dedicated Credits Revenue	2,386,400	2,548,300	1,760,900	1,511,800	2,143,700	2,143,700
Expendable Receipts	0	0	827,500	522,000	1,300,000	1,300,000
Transfers	228,379,500	250,194,400	272,168,000	303,492,600	313,227,500	329,570,600
Transfer for COVID-19 Response	0	0	440,900	7,381,500	0	0
Revenue Transfers - FMAP Enhancement	0	0	18,394,900	0	0	0
Beginning Nonlapsing	2,486,900	4,582,900	172,700	12,064,700	0	4,434,300
Closing Nonlapsing	(4,582,900)	(172,700)	(12,064,700)	(4,434,300)	0	0
Lapsing Balance	(200)	0	(100)	0	0	0
Total	327,715,100	364,837,600	404,713,300	426,879,100	464,718,800	485,278,400

SERVICES FOR PEOPLE WITH DISABILITIES – FUNDING SOURCES (CONT'D)

- Federal funds are the main source of the transfers, approximately 72% of USDC's budget and approximately 70% of DSPD's budget.
- State general and/or education funds, approximately 25% (USDC); approximately 30% (DSPD)
- Dedicated Credits (collections, fees), approximately 3% (USDC); <1% (DSPD)

SERVICES FOR PEOPLE WITH DISABILITIES – COVID 19 IMPACTS

- The public health emergency, caused by the COVID-19 pandemic beginning in Q4 FY20, created many impacts across Utah's disability system.
- Many day programs were required to close across the state. Approximately 80% of people receiving residential support went to a day program for around 6 hours a day prior to FY21.
 - When day programs closed, many residential providers had to quickly shift so individuals could remain in their residential home for the full day.
 - In FY21, only 71% of individuals went to a day program at some point during the year. So far, in FY22, it is back up to 79%.

SERVICES FOR PEOPLE WITH DISABILITIES – COVID 19 FUNDING

- \$57,568,900 in total pandemic-related funding as follows:
 - Families First Coronavirus Response Act (FFCRA): \$10,986,900 FY20 Q3 & Q4; \$4,190,000 FY21
 - Coronavirus Aid, Relief, and Economic Security (CARES) Act: \$7,421,300
 - American Recovery Plan Act (ARPA): \$34,970,700
- Funding in the form of an FMAP enhancement appropriated by the legislature from FFCRA was for the period FY20 Q3/Q4 and FY21.
- CARES Act funding for people on the waiting list was appropriated by the legislature for service dates October through December 2020.
- ARPA had a draw period 4/1/2021-3/31/2022. All funds must be expended by 3/31/2024.

SERVICES FOR PEOPLE WITH DISABILITIES – COVID 19 FUNDING (CONT'D)

- Status of Expenditure:
 - FFCRA: 100% expended; 0% remaining
 - CARES: 100% expended; 0% remaining
 - ARPA: \$3,251,300 expended. Note that this includes spending activities for other Long Term Supports and Services LTSS programs in addition to DSPD. The full amount will be expended by the end of the period (3/2024).

SERVICES FOR PEOPLE WITH DISABILITIES — EXPENDITURES

- In FY21, the three largest categories of expenditures for DSPD include (FY21 dollars):
 - Home and Community Based Services: Residential Habilitation Supports \$171.1M
 - Home and Community Based Services: Self-Administered Supported Living \$46.8M
 - Utah State Developmental Center Services \$43.5M

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS

- Residential Habilitation Supports (RHS) is a residential service designed to assist a person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing.
- This is based on the community living goal contained in the person's support plan.
 - RHS also helps to avoid isolation, and provides support, supervision, training and assistance for people to live in licensed and/or certified residential settings.
- RHS services include daily supports to maintain the person's health and safety, and assistance with activities.

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS (CONT'D)

- Supports can include up to 24 hours of supervision and are available to those persons who live alone or with roommates and includes maintenance of a person's health and safety and assistance with activities of daily living, such as eating, bathing, and dressing.
- RHS allows individuals to live in their home and community by encouraging person-centered thinking through identifying needs and strengths and encouraging goal and skill development.
 - It also promotes more community integration by proximity and accessibility to community/public centers, businesses, and events.

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS (CONT'D)

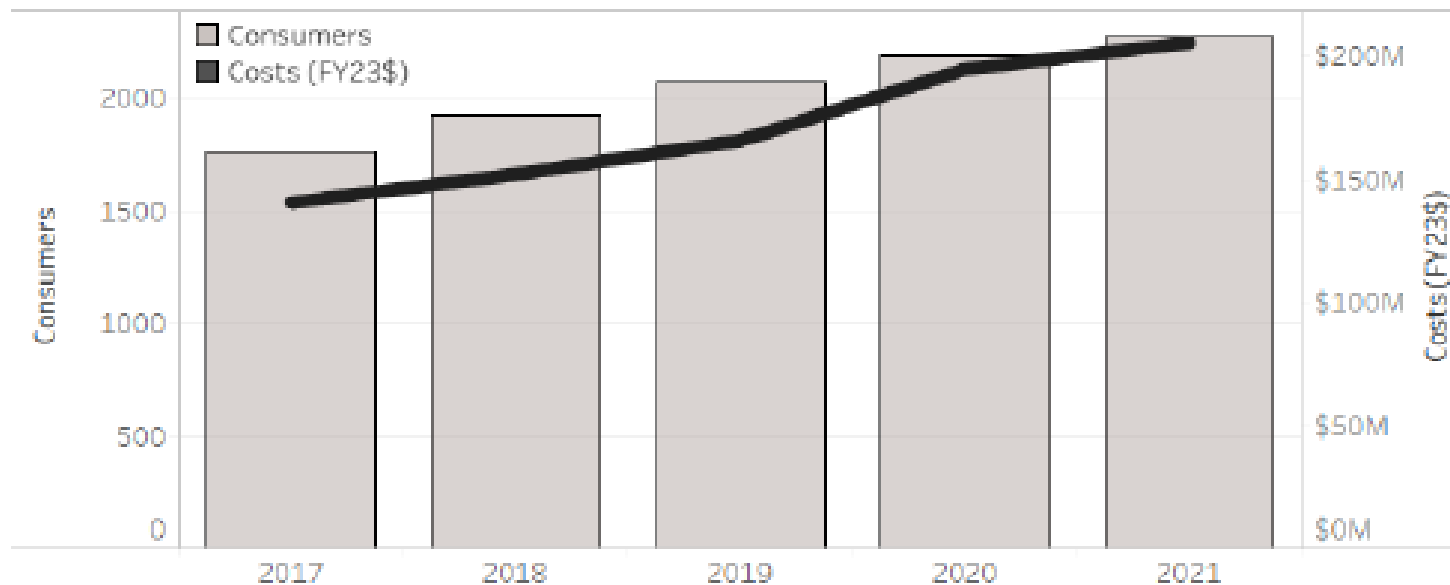
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- RHS allows individuals to live in their home and community by encouraging person-centered thinking through identifying needs and strengths and encouraging goal and skill development.
 - It also promotes more community integration by proximity and accessibility to community/public centers, businesses, and events.
- Additional information about this program can be found [HERE](#).

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS BUDGET

- RHS is the highest category of expenditures in the Community Supports Waiver and the Acquired Brain Injury Waiver.
 - Residential supports are the largest category of expenditures on the rather newly implemented Community Transitions Waiver.
- The chart on the next slide shows the number of individuals served, unadjusted total expenditures, adjusted total expenditures in FY23 dollars, and average (unadjusted) cost per individual for RHS in fiscal years 2017-2021 across the entire DSPD population.
 - Over those five years, several rate increases were implemented and the number of individuals increased resulting in higher total expenditures.

SERVICES FOR PEOPLE WITH DISABILITIES – RESIDENTIAL HABILITATION SUPPORTS CONSUMERS AND COSTS

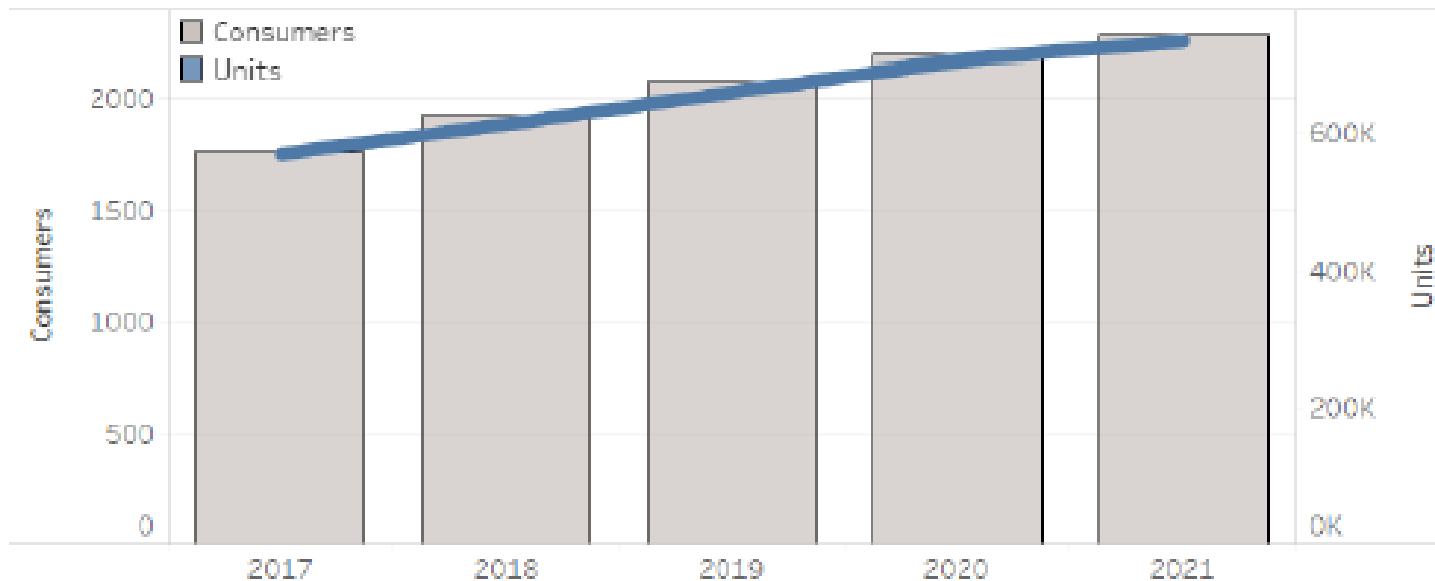
RHS: Consumer and Costs per Fiscal Year



Consumers	1,758	1,925	2,075	2,186	2,276
Costs	\$110,213,809	\$122,796,945	\$136,692,033	\$162,009,960	\$171,115,092
Costs (FY23\$)	\$140,689,314	\$152,186,258	\$165,922,520	\$194,784,551	\$205,731,649
Avg. Cost/Consumer	\$62,693	\$63,791	\$65,876	\$74,113	\$75,182

SERVICES FOR PEOPLE WITH DISABILITIES – RESIDENTIAL HABILITATION SUPPORTS CONSUMERS AND UNITS

RHS: Consumer and Units per Fiscal Year



Consumers	1,758	1,925	2,075	2,186	2,276
Units	570,506	613,713	659,925	704,738	730,944
Avg. Units/Consumer	325	319	318	322	321
Average Days/Week	6.2	6.1	6.1	6.2	6.2

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS COST DRIVERS

- The number of individuals receiving RHS as well as the total RHS expenditures have both increased each year from FY2017 to FY2021.
 - The growth in the number of people receiving RHS is due to the increasing needs of individuals. DSPD operates lifespan waivers, meaning that once a person is placed on a waiver, they are guaranteed to receive services for the remainder of their lifetime or until they move out of state.
- As people age, their needs change, often increasing their cost of services. For example, some individuals living in their family's home or on their own with natural supports may experience the loss of a caregiver and subsequently require a higher level of care in a residential home.

SERVICES FOR PEOPLE WITH DISABILITIES — RESIDENTIAL HABILITATION SUPPORTS COST DRIVERS (CONT'D)

- Individuals in residential services require support 24 hours per day, seven days per week.
 - The average days of service utilized has remained relatively flat over the five year period.
 - A slightly lower average of (e.g.) 6.2 days per week in FY21 reflects the fact that some individuals in residential supports occasionally go home with natural supports such as family members.
- A less than seven day average also reflects the data including some partial year payments from people leaving or entering residential services during the year.

SERVICES FOR PEOPLE WITH DISABILITIES – SELF-DIRECTED SUPPORTED LIVING SERVICES

- Supported Living services (SL1) provide one-on-one support, supervision, training and assistance for individuals with disabilities to live independently.
- Services include:
 - maintenance of the Person's health and safety; personal care; homemaker and chore responsibilities; advocacy and communication; activities of daily living; transportation to access community activities and shopping; keeping track of money and bills; using the telephone;
- Indirect services include socialization, self-help and adaptive/compensatory skills development needed to reside successfully in the community.

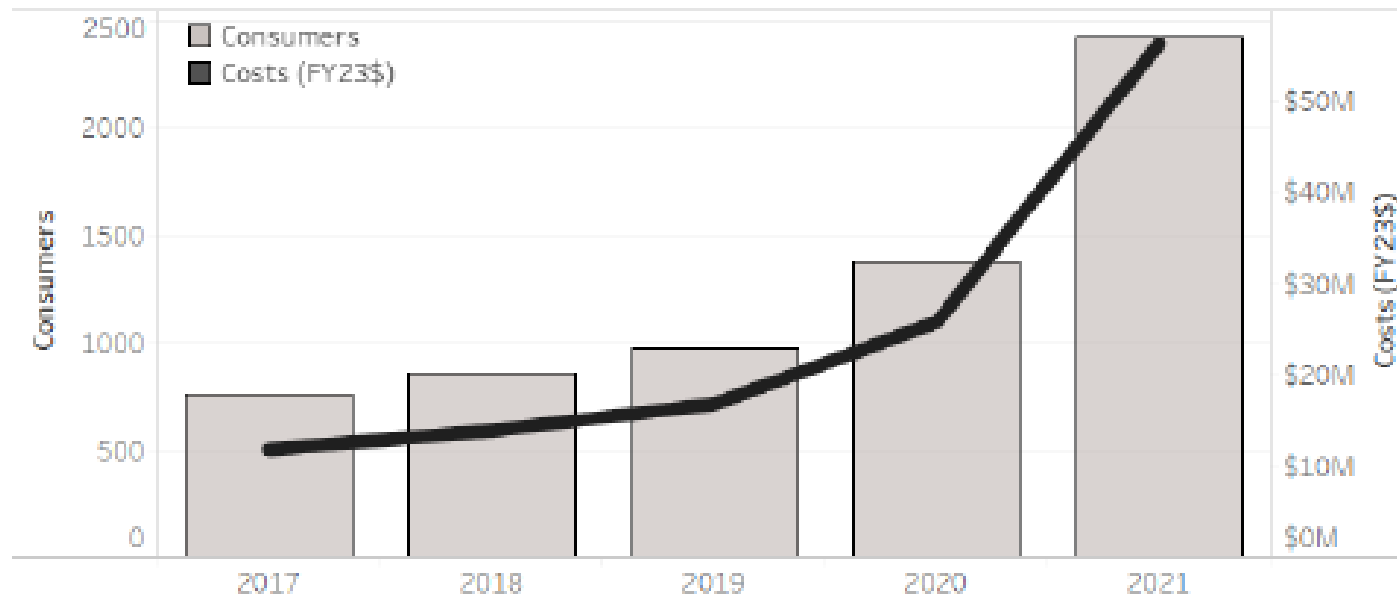
SERVICES FOR PEOPLE WITH DISABILITIES – SELF-DIRECTED SUPPORTED LIVING SERVICES

- Individuals with disabilities may choose their preferred direct support provider (may include family members or friends) as long as they meet the Self-Administered Services (SAS) requirements.
 - Requirements
- If more than eight hours of SL1 is needed per day, other services should be used.
 - Additional SL1 Information
- Due to the pandemic, this category became the second highest category of spending because of Caregiver Compensation.
 - This program allows a parent, guardian, or spouse to be compensated for the extraordinary care of their family member with a disability

SERVICES FOR PEOPLE WITH DISABILITIES – SELF-DIRECTED SUPPORTED LIVING SERVICES

CONSUMERS AND COSTS

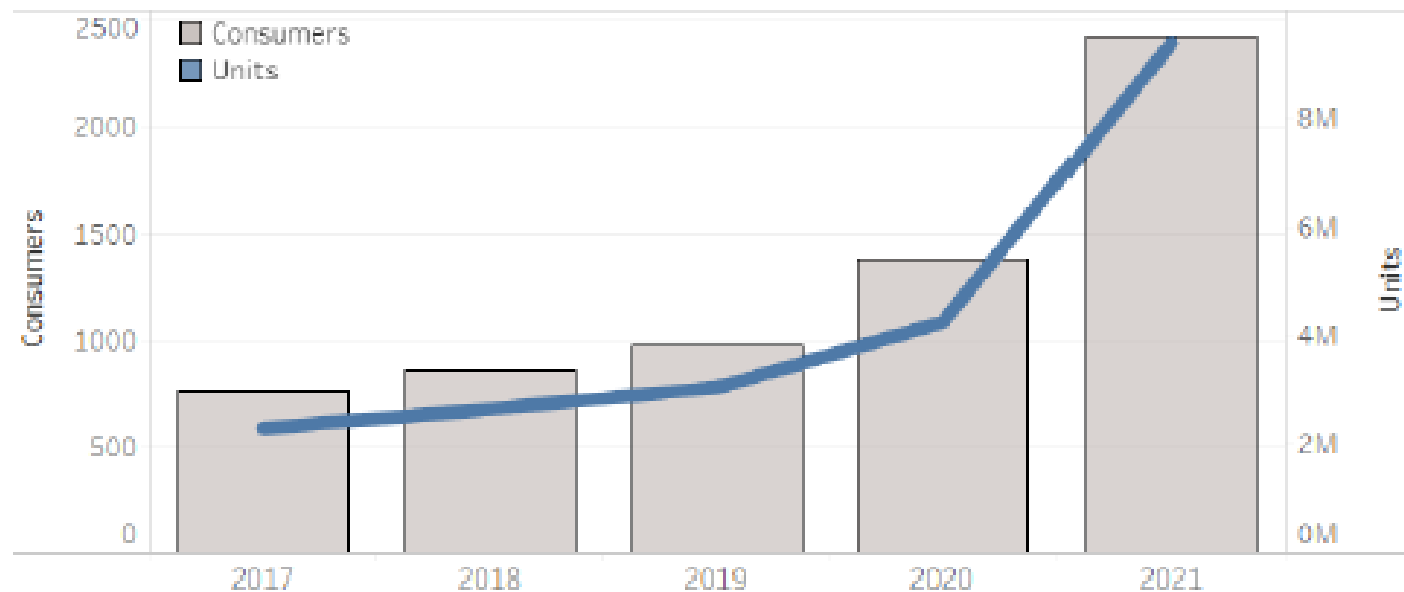
SL1: Consumer and Costs per Fiscal Year



Consumers	763	861	974	1,382	2,428
Costs	\$9,248,861	\$11,170,422	\$13,844,126	\$21,467,829	\$46,820,522
Costs (FY23\$)	\$11,806,288	\$13,843,868	\$16,804,580	\$25,810,767	\$56,292,306
Avg. Cost/Consumer	\$12,122	\$12,974	\$14,214	\$15,534	\$19,284

SERVICES FOR PEOPLE WITH DISABILITIES – RESIDENTIAL HABILITATION SUPPORTS CONSUMERS AND UNITS

SL1: Consumer and Units per Fiscal Year



Consumers	763	861	974	1,382	2,428
Units	2,292,652	2,642,927	3,041,934	4,249,599	9,377,292
Avg. Units/Consumer	3,005	3,070	3,123	3,075	3,862
Average Hours/Week	14.4	14.8	15.0	14.8	18.6

SERVICES FOR PEOPLE WITH DISABILITIES – SELF-DIRECTED SUPPORTED LIVING SERVICES COST DRIVERS

- Over the course of the 5 years shown above, spending has dramatically increased. This is due to three co-occurring circumstances:
 - increase in individuals
 - increase in units (services rendered), and:
 - increase in reimbursement rates.
- The increase in individuals receiving SL1 services is primarily due to the COVID-19 pandemic. Starting in July 2020, DSPD offered unprecedented temporary assistance, called caregiver compensation, to individuals with disabilities and their families.
- This assistance was in response to many services being no longer available or individual health and safety concerns requiring them to stay home.

SERVICES FOR PEOPLE WITH DISABILITIES – SELF-DIRECTED SUPPORTED LIVING SERVICES COST DRIVERS (CONT'D)

- DSPD received funding through the CARES Act (services rendered September through December 2020), and non-lapse funds (services rendered April through June 2021) for individuals on the waiting list.
 - These funds were used to provide caregiver compensation services (as well as several other pandemic related goods and services) to individuals and families waiting for ongoing services.
 - In FY21, this accounted for approximately 1,100 people.
- DSPD has decided to track traditional SL1 services differently from caregiver compensation. New service codes were created in November, 2021 and going forward DSPD will be able to better understand which specific service people are utilizing.

UTAH STATE DEVELOPMENTAL CENTER (USDC) BACKGROUND



- Opened October 5th, 1931 in American Fork as the Utah State Training Center
- Campus acreage was originally 486 acres of land
- Center had 180 students when it opened

UTAH STATE DEVELOPMENTAL CENTER (USDC) LAND AND USES



- Current campus size is 44 buildings on 77 acres
- 117 acres currently leased for farming.
 - This land would be used for expansion in the future with the current Master Plan calling for three more buildings in the next 10-15 years depending on approval.
- 111.8 acres sold in partnership with a developer

USDC LAND AND USES (CONTINUED)



- The campus has lost acreage due to a number of transactions throughout its history:
 - Fox Hollow Golf Course – 95 Acres
 - Opened in 1971, originally called the Tri-City Golf Course.
 - Art Dye Park – 21.75 acres
 - Lone peak High School – 41.21 acres

UTAH STATE DEVELOPMENTAL CENTER - ADMISSION

- The Center serve people from all over the state of Utah.
 - All individuals with intellectual disabilities have access to USDC but must go through a defined process established by the Division of Services for People with Disabilities (DSPD) of which USDC is a part of.
 - Unlike the Utah State Hospital, there is no County allocation plan or geographical limits on placements;
 - DSPD manages all admissions and discharges.

UTAH STATE DEVELOPMENTAL CENTER - OVERSIGHT

- USDC is classified as an Intermediate Care Facility (ICF) licensed by the Utah Department of Health as a Nursing Care Facility (ICF/ID).
- USDC is also certified by the Centers for Medicare & Medicaid Services (MMS) via Title XIX of the Social Security Act.
 - Approximately, 70% of USDC's funding is federal and subject to MMS/Title XIX guidelines and requirements. These Title XIX requirements and standards are reviewed annually by means of a "Title XIX Survey"
 - This includes an in-depth look at treatments provided, living conditions, facility maintenance, etc.
 - The Survey Team works with USDC staff to identify deficiencies and potential problems and develops plans to address these issues.

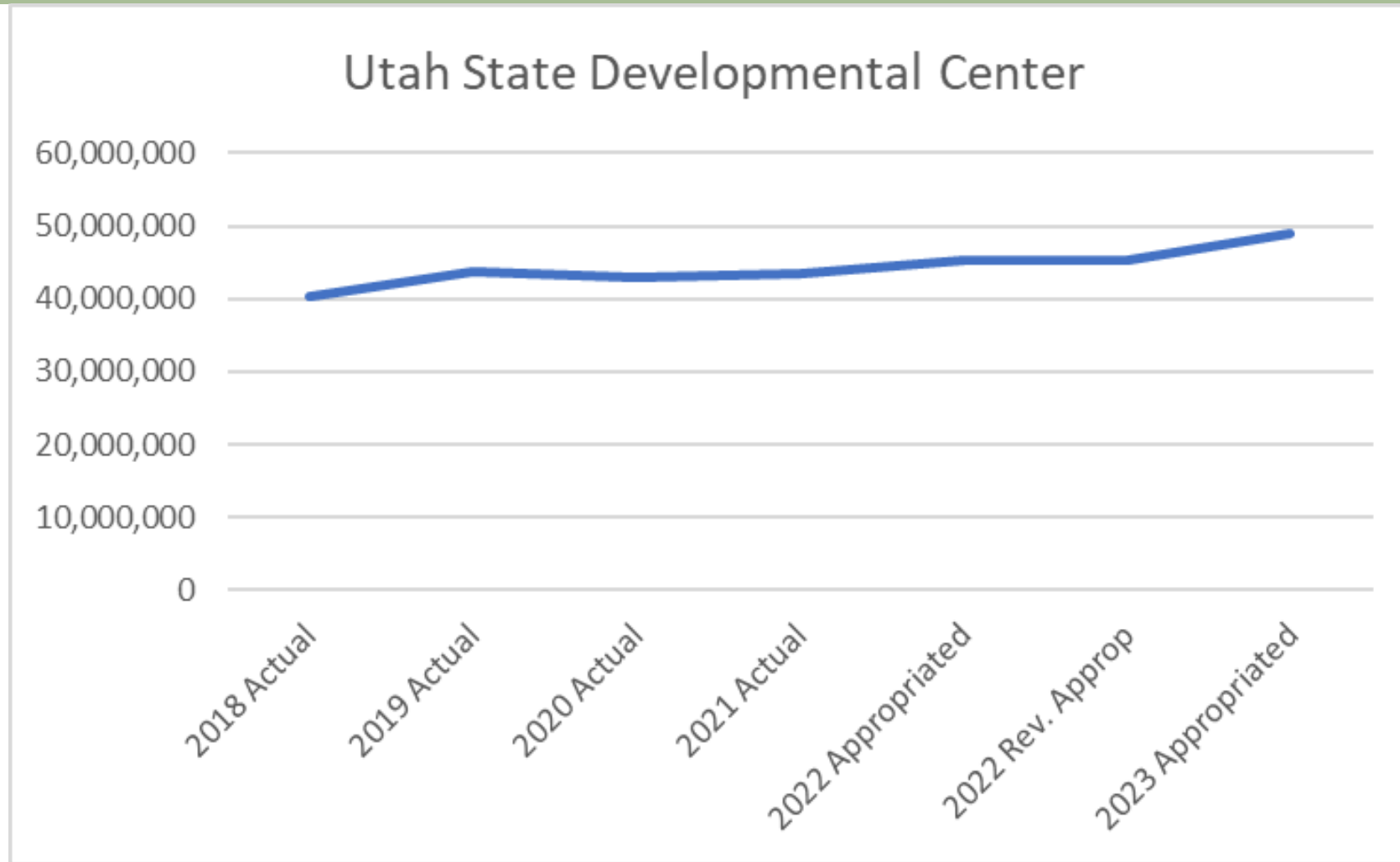
UTAH STATE DEVELOPMENTAL CENTER - BUDGET

- USDC measures services provided in terms of daily cost of care which is total eligible expenditures divided by the number of “resident days.”
 - Resident days are the actual number of days services are provided at USDC for all individuals admitted to USDC for the fiscal year.
 - Resident days are limited to the number of individuals that can be housed at USDC which ranges from 170 to 210 individuals depending on demand and available resources (primarily staffing).
- USDC’s residency has been averaging between 178 to 182 individuals or approximately 65,000 resident days.

UTAH STATE DEVELOPMENTAL CENTER – BUDGET - USDC FUNDING FY18-23

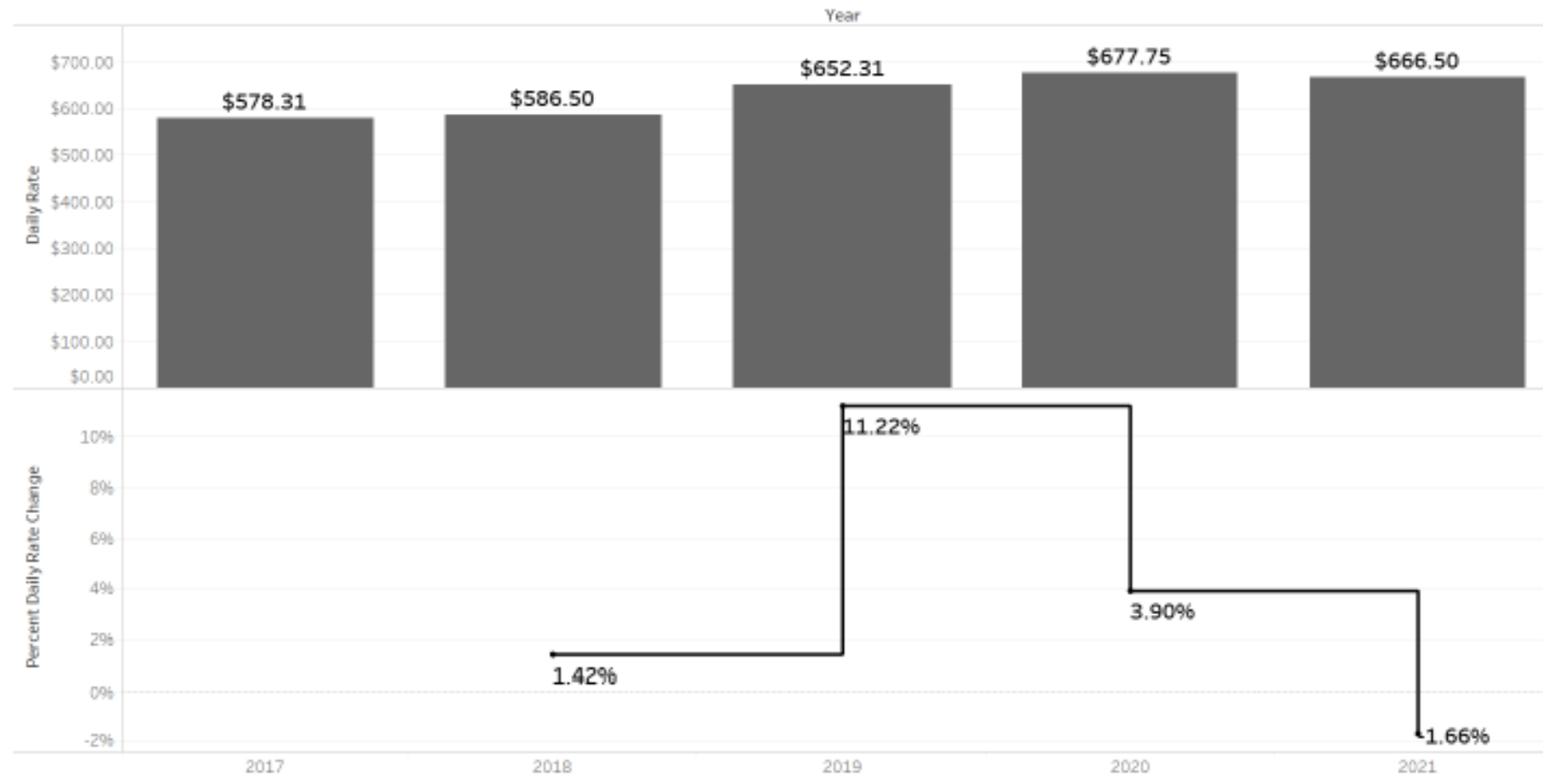
Program	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp	2023 Appropriated	2022 Rev. vs. 2023 Approp.
Utah State Developmental Center	40,219,700	43,612,500	42,987,700	43,512,300	45,294,100	45,282,900	48,933,900	3,651,000

UTAH STATE DEVELOPMENTAL CENTER – BUDGET - USDC FUNDING FY18-23



UTAH STATE DEVELOPMENTAL CENTER - DAILY RATE AND PERCENT CHANGE BY FISCAL YEAR

USDC Daily Rate and Percent Change by Fiscal Year



UTAH STATE DEVELOPMENTAL CENTER CENSUS

- June 2017- June 2022 Census and Population Detail Averages:
 - Admissions/Readmissions: 150
 - Discharges: 136
 - Deaths: 28
 - Average Daily Census: 186

UTAH STATE DEVELOPMENTAL CENTER - STAFFING

- USDC has struggled with obtaining consistent, quality direct care and nursing staff due to increased wage competition and the effects of the pandemic.
 - These factors have negatively affected the facility's ability to provide services, accept more individuals to be admitted, and have significantly increased overtime and incentive costs.
- The Legislature appropriated \$5.33 M ongoing during the 2022 General Session to support the Division's hiring at the Center.
 - The Division reports that the Center has been able to offer a more competitive wage and initial results are positive.

UTAH STATE DEVELOPMENTAL CENTER – MAIN COST DRIVERS

- The overwhelming majority (>90%) of admissions and requests for admission to USDC or for individuals with acute behavior management issues requiring more professional expertise especially in the areas of psychiatry and psychology.
- The demand for services for this population (behavior management) is expected to grow significantly over the next 10 years which will require USDC to change and adapt, operationally, in order to meet that demand.
- Ensuring that USDC personnel are paid at a rate commensurate with the field will help support staffing levels.

USDC COMPREHENSIVE THERAPY BUILDING

A comprehensive therapy building will replace three antiquated facilities, centralize services and programs, increase efficiency and comfort, and fill increasing needs for autism services.

Benefit to Care:

Replaces three aged buildings with one effective and efficient treatment space for individuals with severe intellectual and developmental disabilities. Includes physical, occupational, and speech therapy as well as recreation, day programming, and an autism treatment center.

62,100

Sq ft of efficient,
modern space

3

current
buildings to
demolish

1

Autism
Treatment
Center

USDC COMPREHENSIVE THERAPY BUILDING (CONT'D)

Efficiencies:

Therapy facilities are currently not centralized, meaning staff often are transporting people to and from therapy and treatment in different buildings, outside, multiple times a day, rain or shine. **Improving circulation efficiency means more time for treatment, less burden on staffing, and most importantly, comfort and convenience for residents.**

115

Total USDC residents in wheelchairs



8

average cross-campus trips to transport individuals each clinical day



29,900

annual staff hours transporting residents could be saved

USDC COMPREHENSIVE THERAPY BUILDING (CONT'D)



- Project was prioritized as #2 by the Division of Facilities Construction and Management in the FY 2023 5 year building program.
- Prioritized at #7 One-Time by the Infrastructure and General Government Committee during the 2022 General Session.
- The Legislature funded the building at \$38,404,500, one-time from the Education Fund for the construction of the building and \$185,300 ongoing from the Education Fund for the Operations and Maintenance of the building.

USDC LAND FUND - BACKGROUND

- S.B. 228, “Developmental Center Modifications” (2018 General Session) created the Utah State Developmental Center Long-Term Sustainability Fund and closed the Utah State Developmental Center Land Fund.
 - This fund holds the proceeds from the sale or lease of land or water rights belonging to USDC.
 - The USDC Long-Term Sustainability Fund is in statute under 62A-5-206.7
 - There is currently approximately \$27,512,000 in the fund due to the developer sale mentioned above.

USDC LAND FUND - HOW CAN FUNDS BE USED?

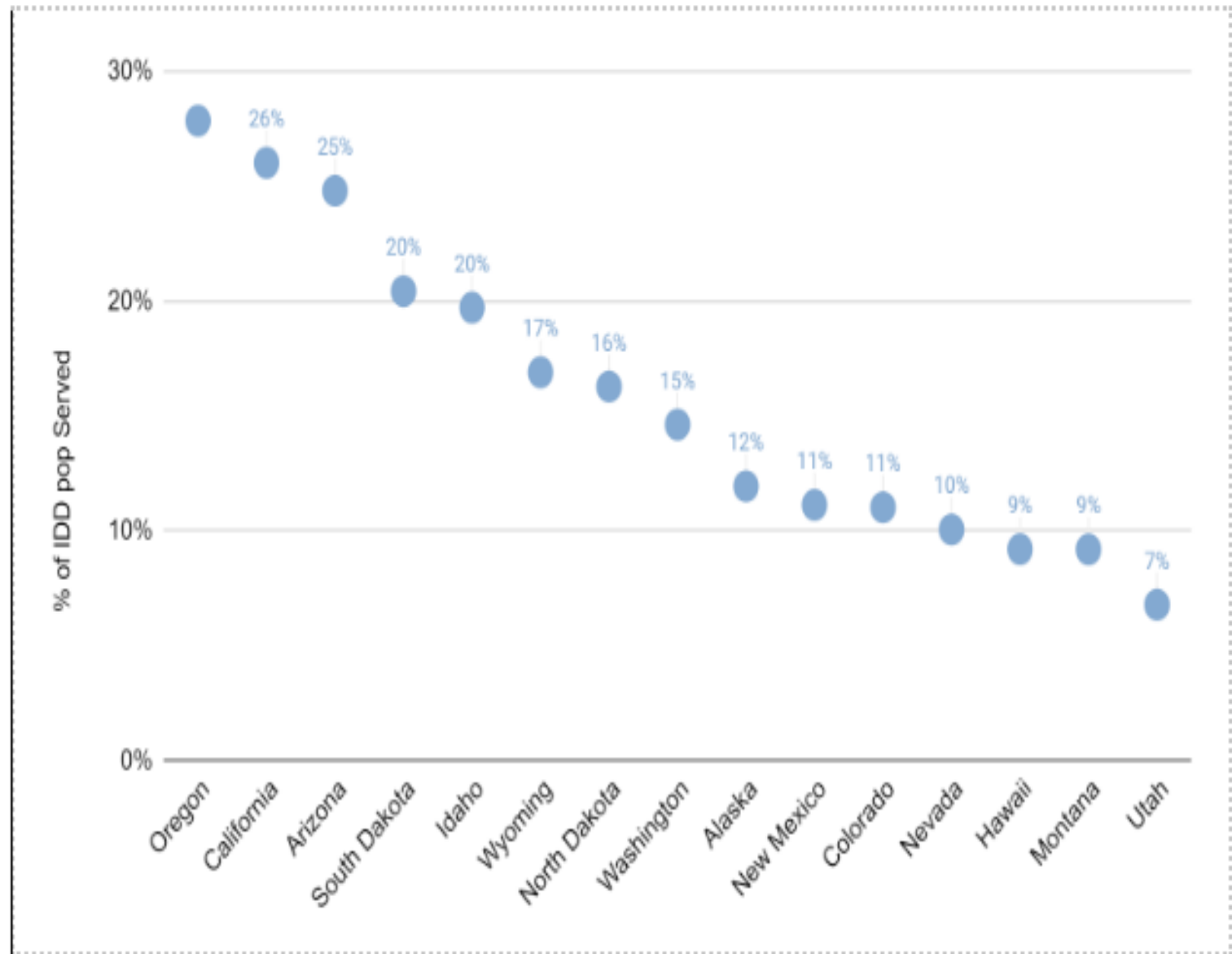
- Earnings (interest, lease revenue, etc.) generated by the fund can be spent on the following
 - to fulfill the functions of the USDC
 - assist DSPD's administration of services and supports
 - Earnings can only be spent if the fund balance is greater than or equal to \$5,000,000
 - Legislature can appropriate up to 5% of the fund once the balance reaches \$50,000,000 or more
 - Funds may not be expended to reduce the amount of money that the Legislature appropriates from the General Fund

USDC LAND FUND – WHO MAKES FUNDING DECISIONS?

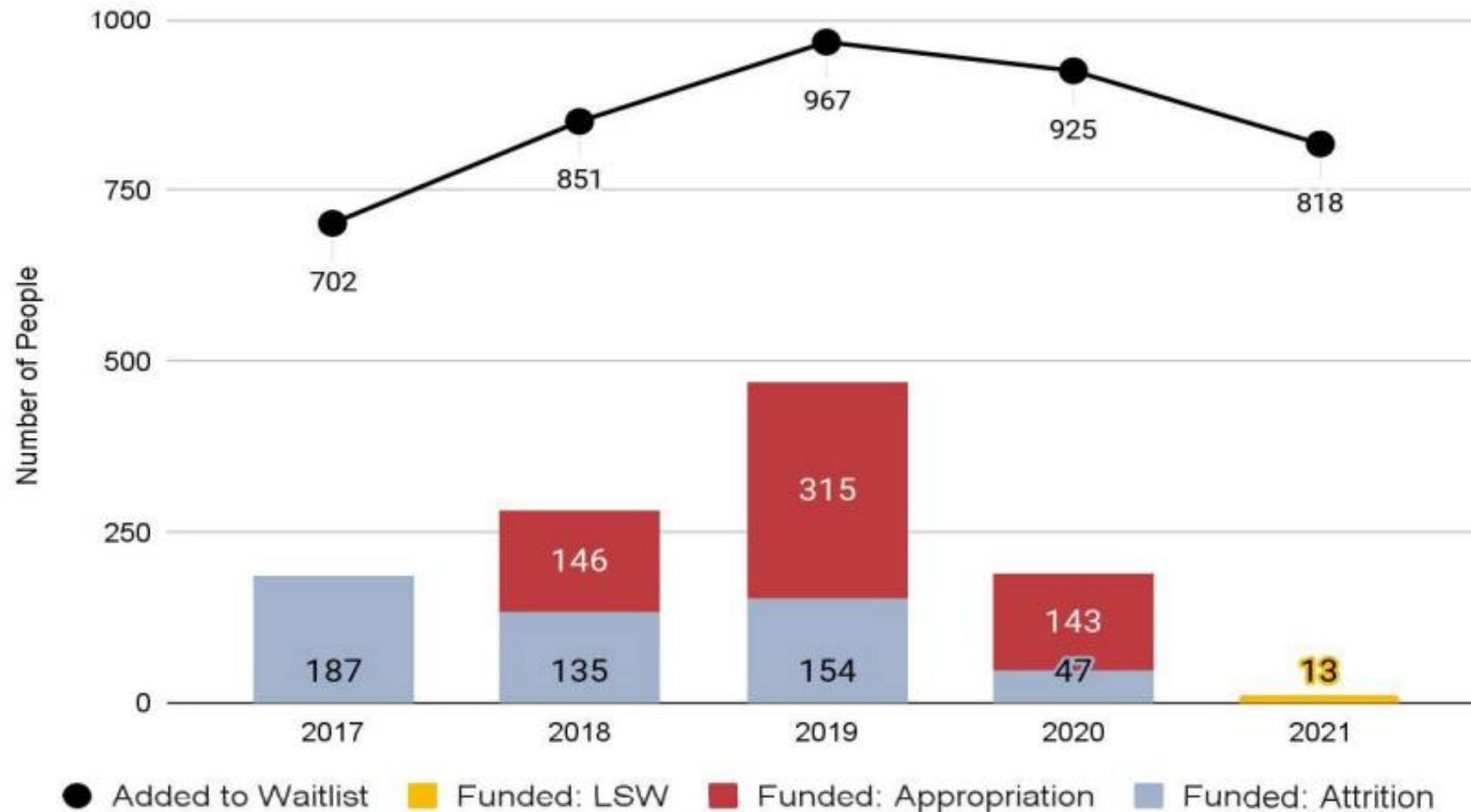
- Utah State Developmental Center Board (aka Governing Board)
 - The Board consist of the following 9 members
 - DHHS executive director (or designee)
 - DSPD Division Director (or designee)
 - USDC Superintendent
 - USDC Resident
 - 5 members appointed by the governor:
 - 3 members from the general public
 - 2 members who are parents or guardians of individuals who receive services at USDC.

SERVICES FOR PEOPLE WITH DISABILITIES - WAITLIST

**Source: 2017 Residential Information System Project out of the University of Minnesota*



SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)



Note: 1 attrition case was brought into services in FY21

SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)

- At the end of FY21, DSPD had 6,206 individuals in services and 4,427 individuals on the waiting list.
- In addition to those on the waiting list, DSPD has been looking into estimates for how many eligible individuals are living in Utah but not accessing disability services for several years.
- Approximately 29,200 individuals statewide may be eligible but have not applied for services

SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)

- The average time on the waiting list was 5.7 years at the end of FY21.
 - Currently, the range of time waiting for people on the waiting list is from 2 days up to 30.7 years.
- Since people are pulled into services based on the criticality of their needs, there are cases when someone will not be on the waiting list, that person goes into crisis, and they are immediately pulled into services due to the loss of a caregiver, experiencing homelessness, or other immediate crises.

SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)

- DSPD classifies individuals on the waiting list in 4 different service categories based on the needs of the individual.
 - Personal Assistance/Supported Living
 - In-Home Support/Respite
 - Residential Services
 - Host Home/Professional Parent Services
- Additionally, individuals can indicate if they also need Day Support services or Employment Supports.
- The table on the next slide shows the breakdown of what services these individuals are waiting for.

SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)

Service Category	% Waiting for each Service	Day Supports	Employment Supports
Personal Assistance/Sup. Living	38.2%	35.6%	47.0%
In-Home Support/Respite	53.4%	57.2%	40.3%
Residential Services	6.4%	6.7%	10.9%
Host Home/Prof. Parent Services	2.0%	0.5%	1.8%

SERVICES FOR PEOPLE WITH DISABILITIES – WAITLIST (CONT'D)

- DSPD anticipates bringing in approximately 405 individuals off the waitlist with the \$6M appropriated during the 2022 General Session.
- As of May 1, 2022, there were 4,269 individuals on the waitlist. This is not including those who have been pulled in for services beginning in FY23.
 - The cost to fund this many people would be approximately \$61M State General Funds.
- Based on current estimates, DSPD has calculated that over 9,000 additional direct support staff would be needed to care for all individuals on the waiting list.
- The number of support coordinators would need to increase to ensure that everyone is able to receive the services they need.

SERVICES FOR PEOPLE WITH DISABILITIES — CAREGIVER COMPENSATION

- Caregiver compensation allows a parent, guardian, or spouse to be compensated for the extraordinary care of their family member with a disability.
- This change was allowed under Medicaid Appendix K that may be utilized by states during emergency situations to request amendment to approved 1915(c) waivers.
- In FY22, there have been 745 families who have participated in caregiver compensation. On average, each individual who utilizes caregiver compensation receives approximately \$2,000 per month which equates to approximately 24 hours per week on average.

SERVICES FOR PEOPLE WITH DISABILITIES – CAREGIVER COMPENSATION -FUNDING

- In FY21, there were 415 individuals who utilized caregiver compensation, and expended \$8,761,300 total dollars (\$2,831,000 SGF).
 - This expenditure was funded through the 6.2% enhanced FMAP appropriation given to DSPD for FY21.
- In FY22 (through November 30, 2021), 682 individuals utilized caregiver compensation, for a total of \$4,256,200 (\$1,404,400 SGF). This is being funded through non-lapse funding.
- The Legislature funded \$6,972,000 ongoing in FY 23 to support the continued operations of this program.

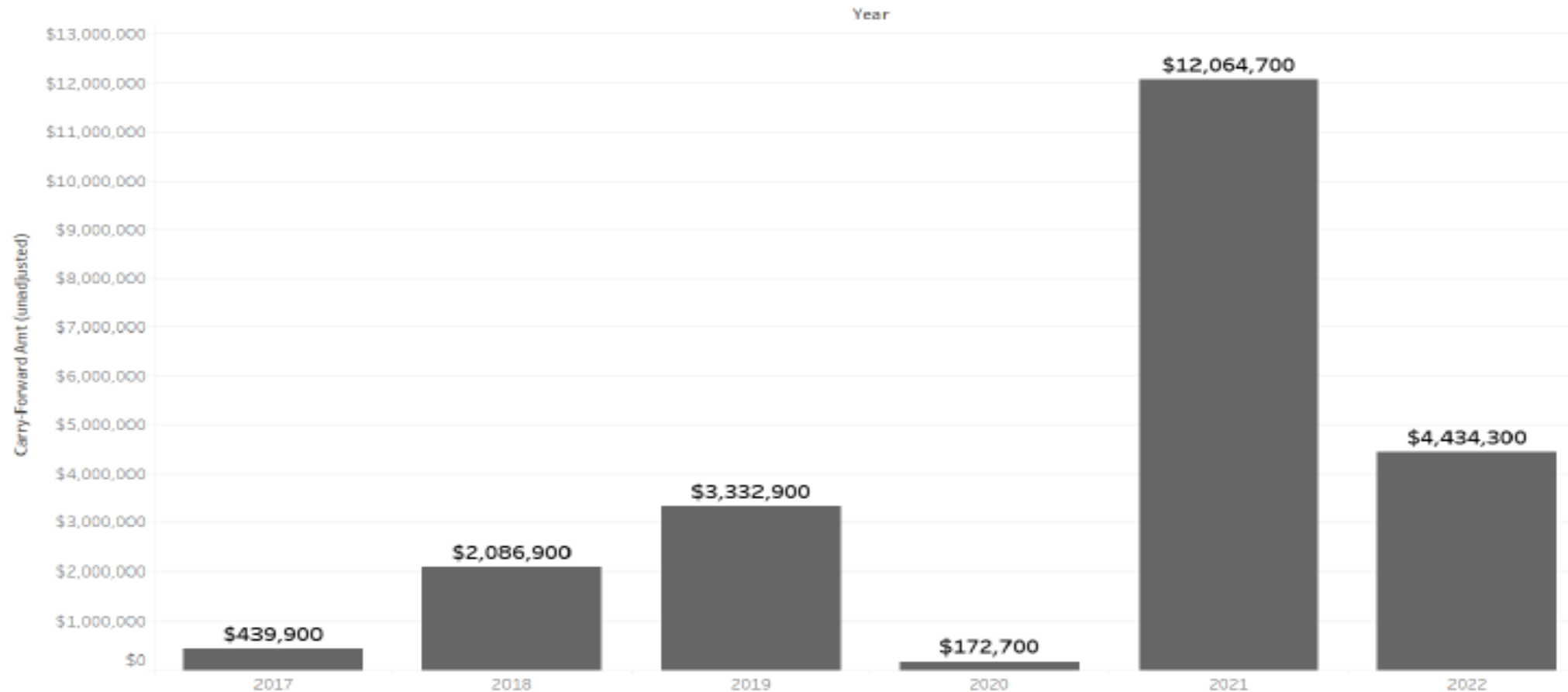
SERVICES FOR PEOPLE WITH DISABILITIES – BUDGET OUTCOMES FY21

FY21 Budget Outcomes:

- FY21 Budget: \$431,313,398
 - FY21 Expenditures: \$426,879,076
 - Carry-forward into FY22: \$4,434,322
-
- DSPD has carry-forward authority and as expenditures do not always match the allocated budget, any unused funds can be used in the following year.
 - DSPD has a target of carrying forward no more than 1.5% of the overall budget for use in the next year

SERVICES FOR PEOPLE WITH DISABILITIES – NONLAPSING BALANCES

DSPD Carry-Forward Amount by Fiscal Year



SERVICES FOR PEOPLE WITH DISABILITIES – NONLAPSING BALANCES (CONT'D)

FY20 Carry-Forward Background

- At the end of FY20, DSPD had a balance of \$12,064,700 (adjusted) general fund (GF) to carry forward into FY21.
- The carry forward amount into FY21 was an anomaly and occurred due to the conjunctions of many different forces.
 - Relatively early on in Fiscal Year 2020, DSPD was forecasting a deficit. DSPD halted all hiring, significantly slowed bringing in emergency cases, and halted all waiting list services.
 - During this time, DSPD requested and received a supplemental appropriation of \$3.2M.
- The COVID-19 pandemic created a public health emergency (PHE), and in the final quarter of FY20, DSPD was given \$7.8M to address the needs of the disability population as related to the PHE.
 - These funds were not all needed in the remaining months of the fiscal year. The PHE also stalled many of the cases of individuals in Intermediate Care Facilities (ICF) who were waiting to transition into HCBS (based on the ICF Settlement Appropriation funding).

SERVICES FOR PEOPLE WITH DISABILITIES — POTENTIAL SMALLER STUDY ITEMS FOR ANALYST REVIEW AND AGENCY RESPONSE IN AUGUST

- Status of Performance Measure recommendation changes for the 2023 General Session
 - What changes does the Department recommend in light of the new structure due to consolidation?
 - How can GOPB and the LFA support their efforts to implement the recommendations of 2021-12, "A Performance Audit of Social Service Agencies' Performance Measures"?
- Status of implementation of recommendations from audit Number 2021-10, "A Performance Audit of the Division of Services for People with Disabilities"
 - What changes has the Division implemented?
 - Which ones require legislative changes or adjustments?
- How does the Request for Additional Services process work within DSPD? How long does it generally take to receive a decision? How does this compare to similar processes in other areas within DHHS?
- How does the Department envision utilizing the USDC Land Fund?

RECOMMENDATIONS FOR FURTHER STUDY

#1. HOW TO DEVELOP A DEDICATED FUNDING SOURCE FOR THE DSPD WAITLIST?

- Is there a way to identify a dedicated funding source for individuals on the Waitlist to better predict and service provision for individuals, their families and contracted providers?
 - *DHS Response: Supports*

RECOMMENDATIONS FOR FURTHER STUDY

#2 ARE DSPD PROVIDER RATES ADEQUATE? HOW TO STRUCTURE AND FUND A COMPREHENSIVE RATE STUDY THAT TAKES INTO ACCOUNT PARTNERSHIPS WITH OTHER AGENCIES?

- As our discussions showed during the 2022 General Session, provider rates were too low to support a staffed system. What kind of comprehensive study would be needed to determine adequate rates to support the system and how would that study need to interact with other divisions and rates to remain consistent?

- *DHS Response: Supports*

RECOMMENDATIONS FOR FURTHER STUDY

#3 WHAT IS THE CURRENT STATUS OF THE CHRISTENSEN V. MINER LAWSUIT AND IMPLEMENTATION UPDATE AND PLAN?

- What were the impacts of the pandemic and the staffing shortage on the implementation of the settlement agreement? How have plans had to change and what should the legislature be focusing on to support continued implementation?
 - *DHS Response: Supports*

RECOMMENDATIONS FOR FURTHER STUDY

#4 HOW CAN THE LEGISLATURE IMPLEMENT POLICY OPTION #4 FROM THE 2021 OLAG DSPD PERFORMANCE AUDIT?

- The 2021 Performance Audit of DSPD recommended developing a financial safety net to support DSPD's budget. What steps can the Legislature take to do this?
 - *DHS Response: Supports*

DSPD AND USDC – QUESTIONS?



WANT TO TAKE ANY ACTION ON STAFF RECOMMENDATIONS?

- Recommendations by staff (excluding potential August topics) can be found on the following slides:
 - 12
 - 56
 - 70

ITEMS FOR FURTHER STUDY

- What are the areas that you would like to focus on in your August subcommittee meeting?

SELECTION OF TOPICS FOR FURTHER STUDY

HOW DO YOU WANT TO SPEND YOUR AUGUST MEETING TIME?

MULTIPLE AGENCIES

1. Passthrough Funding
 - a. Division of Services for People with Disabilities
 - b. Child and Family Services
 - c. State Office of Rehabilitation

HEALTH

2. internal audit sharing with OIG
3. State Medicaid Directors letter flexibilities
4. nursing home incentive program
5. nursing homes survey deficiencies

HUMAN SERVICES - DSPD

1. How to develop a dedicated funding source for the DSPD Waitlist?
2. Are DSPD Provider Rates

Adequate? How to structure and fund a comprehensive rate study that takes into account partnerships with other agencies?

3. What is the current status of the Christensen V. Miner Lawsuit and implementation update and Plan?
4. How can the Legislature implement Policy Option #4 from the 2021 OLAG DSPD Performance Audit?

HUMAN SERVICES - DCFS

12. Funding stream organization for state/federal fund
13. Overview of Most Recent

Performance Measures, including CFSR/CQI and Update on Progress

14. Approaches to Domestic Violence Services in Other States
15. DCFS, Children's Justice Centers, Juvenile Justice & Youth Services

WORKFORCE SERVICES

18. Internal performance measures: alignment with federal reporting and client experience
19. Review of federal funding streams